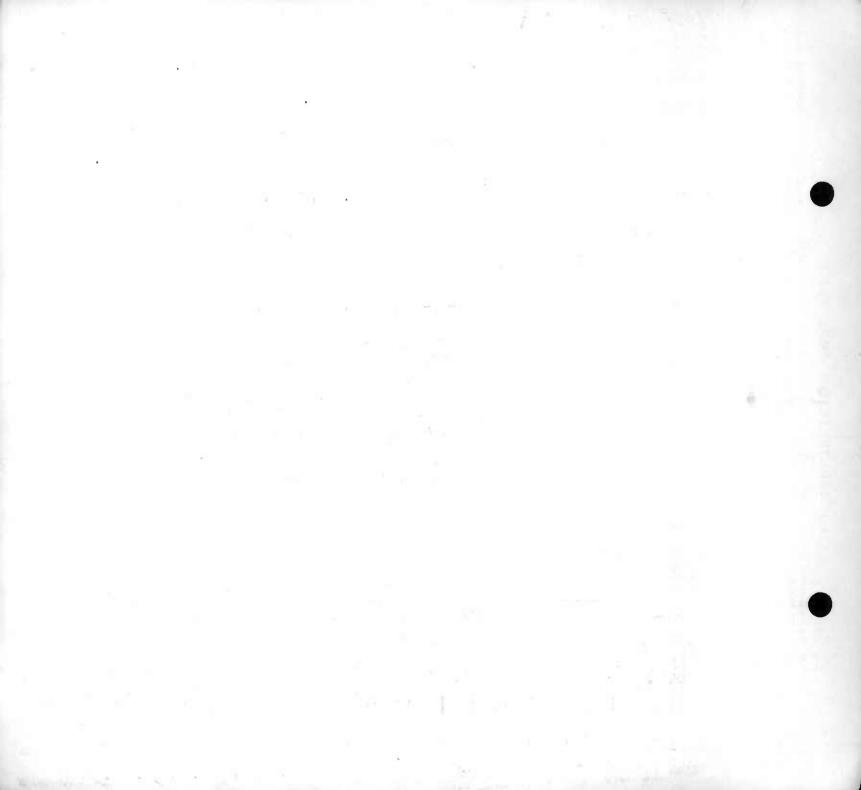
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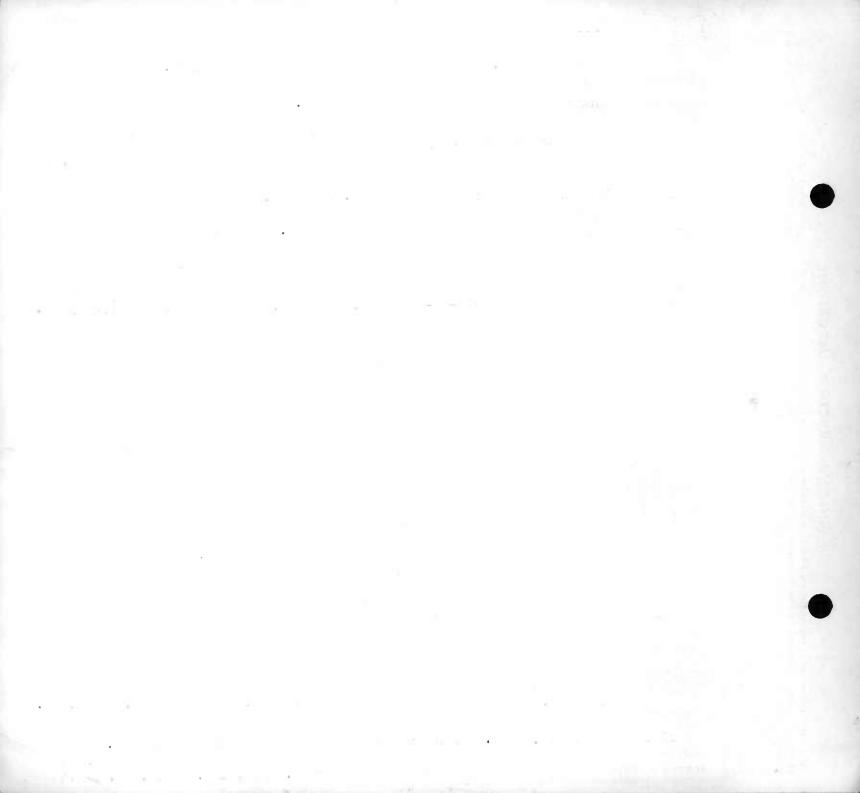
DIRECTOR:

FUNERAL

VS 150-REV

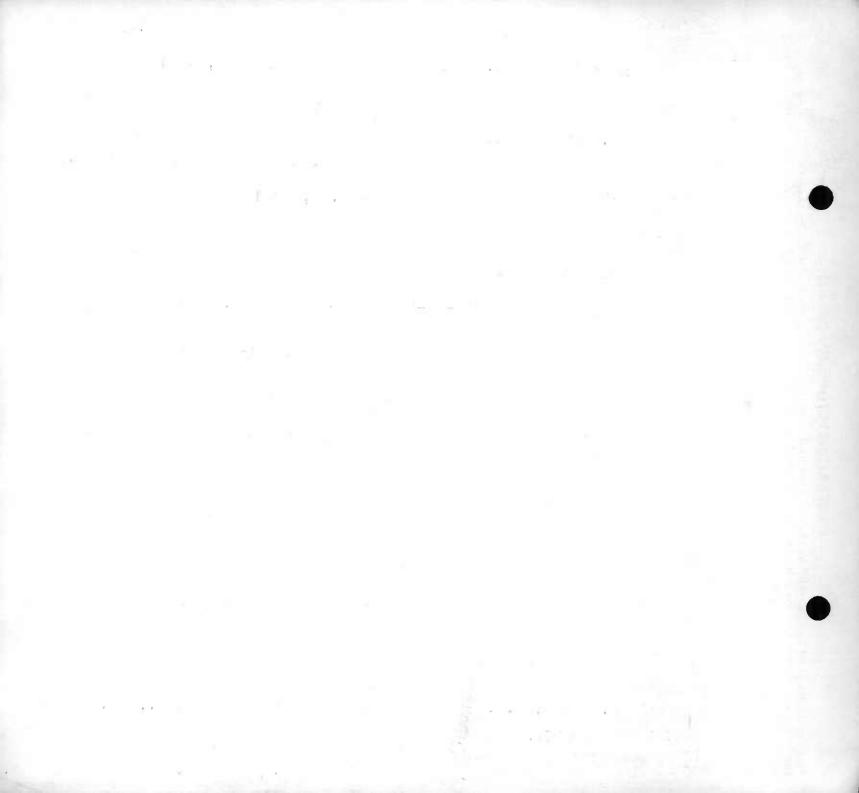


5-5= BIRTH NO.	/1 2	502		TE OF DEAT	· · ·	71	2502
Type or Print	CEILIA CECEIX	XX T.	SMITH		TE AND HOUR OF DEATH		10 A
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UN CED DEAD		(Where deceased lived, If i		dence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	Md. c. CITY OR TOWN Baltimo	D. INS	IDE CITY LIMIT	48
00	1406 Lochner	noad (Apt. C)	E. STREET AND NUM	1406 Lochn		
5. sex Female	6. RACE White	WIDOWED		B. DATE OF BIRTH Dec. 11, 190	9. AGE (In years lost birthdoy) 67	If Under I Months: Do	Yr. If Under 24 Hrs
Housew		IOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Mass o	or foreign country)	1	SA
13. FATHER'S NA	Thomas N	ligauka	3	14. MOTHER'S MAIDE	1 117 117	Aaivis	
15. Was Deceose (Yes, no or unknown No	d Ever in U. S. Armed Forc n) (If yes, give wor or dotes	es? of service)	16. SOCIAL SECURITY NO. 214-14-8288A	Mr. Edward P	552 Br Smith Miller	ightwo	Sement Md.
O THER SIGNII TO THE DEA' DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if a e above cause (A) G CONDITION last. II FICANT CONDITIONS CON THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART FORERATION 198. CONDITION 198. CO	TRIBUTING E TERMINAL 1 (A).	(c)	A CONSEQUENCE OF:	or Noll 20B, IF YES, WERE	FINDINGS CO	NSIDERED
OP CONTRID	MT WAS UNDERLYING UTING CAUSE OF	awa 1	CLAST PLACE OF INJURY (e.g., in e., form, fociory, street, of	or about 21 C. WHERE Dice bidg., INJURY OCCU	or No. 20B. IF YES, WERE IN CERTIFYING CA	e City, give ex	
DEATH (noif)	(Month) (Doy) (Year)		INJURY OCCURRED e At Not While At Work		NJURY OCCUR?	-A1	1
that (1) (we)	that (1) (this hospital) last saw the deceased	alive an	11 March	Inly 1971 or	nd that in (my) (out) api	farch	
23A. SIGNATU	M Barns	d abave. (I)	DEGREE Atte	Med. Director	Staff Phys.	23B. DATE SI	GNED 270
23C. PHYSICIA NAME (1	John W.	Barnab 24c.NA			E. Belvedere	Ave. B	
Buria	Specify) 3/15/71	1 .	Johns Cemete	ry	Worcester	r, Mass.	•
MAR 1 S	A .	2. C.	*_	25c. FUNERAL DIREC	Ruck, Inc. Bal		21214

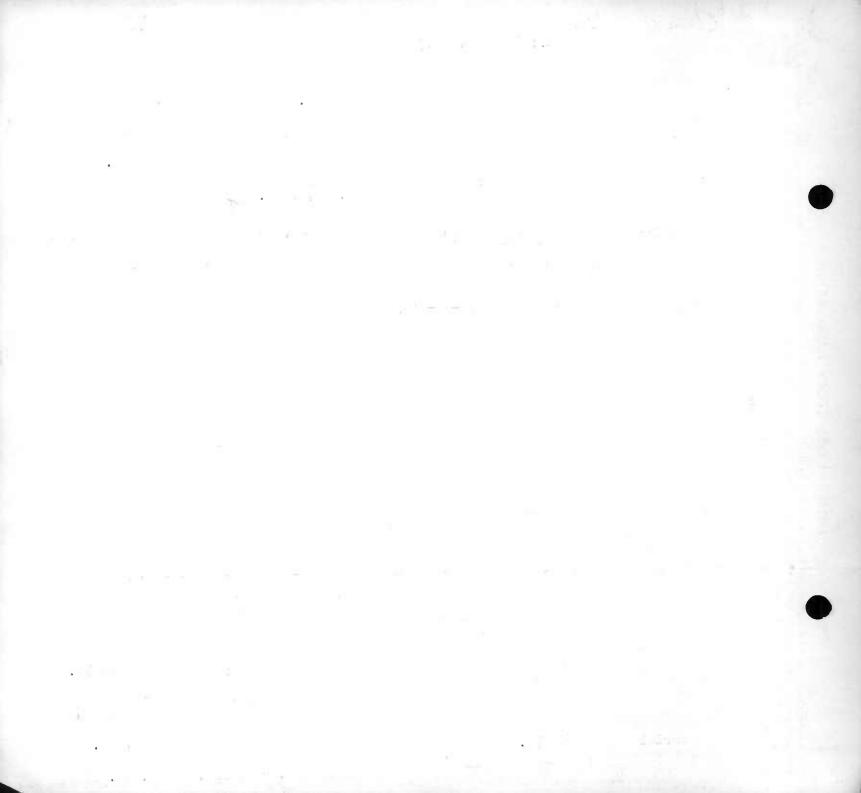


and eath ased the Such	BI T. (T
of d of d Dece	3.
n a hos cause use; (5) tendanc	FI H II
ant if death occurred i direct or contributing id; (4) Undetermined ca ath was in regular at on the deceased prio	5. F 10 do
assistent if the my kin sed dec	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
certific body w rs: (1) A D.O.A. ased p	24
This the k show was dece	25. VS
	A 2

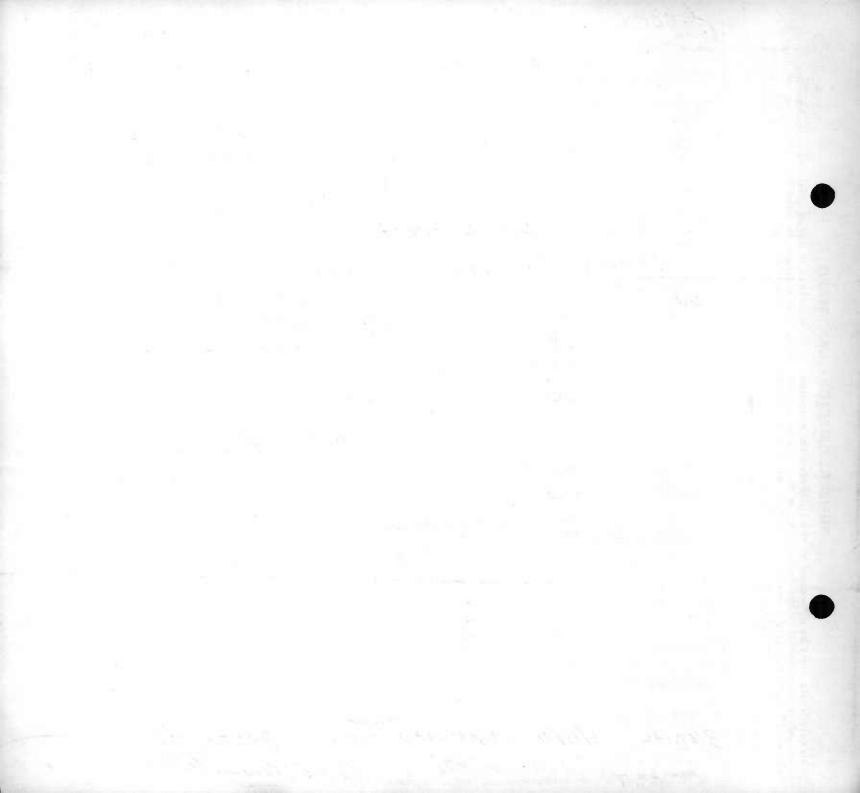
(2-630	71	2503		HEALTH DEPARTMENT		71	2502
BIRTH NO.		~303	CERTIFICA	TE OF DEATH	REG. NO	/1	<u> 2303 </u>
1. NAME OF DECEASE		mii D (T A ID ID A MIM	2. DATE A	IND HOUR OF DEATH	1	1
3. PLACE IN BALTIMO	ELIZABE		BARRATT	Mar		1//	1/3 A M.
S. PLACE IN BALIIMO	KS MAKILAND, WH	EKE PKONOUN	CED DEAD	4. USUAL RESIDENCE (WHA. STATE R. COU	NTY	institution; lesident	ce before admission)
HOSPITAL OR	IF NOT IN HOSPITAL	OR INSTITUTION	ON, GIVE STREET	Maryland		3	7-121
NOITUTION				C. CITY OR TOWN	D. 1N	SIDE CITY LIMITS?	
0/1 20	E. Lake A	venue		Baltimore E. STREET AND NUMBER		YES 🔣	NO L
00				20 E. Lake	Avenue (Shamrock .	Ave.)
5. SEX 6. RA	CE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yı.	. If Under 24 Hrs.
Female Ca	22000100	WIDOWED	DIVORCED [Apr. 6, 189	1 lost birthdoy 79	Months Doys	Hours Min.
10A, USUAL OCCUPATI	ON (Give kind of work)	B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN O	FWHAT COUNTRY?
Homemaker				Maryband		U	SA
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME		
	Charles	Hartley	7	Ro	rbara Fla	herty	
15. Was Deceased Ever (Yes, no or unknown) (If ye			SOCIAL	17. INFORMANT	rbara ria	ADD	RESS
NO NO	es, give wor or doles	1_	SECURITY NO. 14-20-6040	Mrs. Charlot	te G. Schenk		(Same)
18. 4 4 0	3 1		CAUSE OF DEAT	H			ROXIMATE INTERVAL
	CONDITION DIREC	CTLY					EN ONSET AND DEATH
	ING TO DEATH		(A) IMMEDIATE CAL	se Malabsorpi	cion Syndr	ome 6	6 months
heart failure, asthe	ean the mode of d nio, etc. It means th	e diseose,	DUE TO, OR AS	A CONSEQUENCE OF:			
	ian which caused d	eath.)					
100	CEDENT CAUSES		(B) Reg	ional ileitis A CONSEQUENCE OF:	3	2	years
DISEASES OR C	ONDITIONS, if an	y, giving lating the					
UNDERLYING CO		ioning in	(c) Super	ior Mesenter	c .rtery	Soleros:	is
	11						
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	CONDITIONS CONT	RIBUTING					
DISEASE OR CONDIT	ATION TO THE CONDITION	(A).		1004	***************************************		***********
19A. DATE OF OPER	WAS PERFO		CH OPERATION	20A. AUTOPSY? (Yes or N	10) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	SIDERED 1?
21A. ACCIDENT WA	AS UNDERLYING	218. PLA	CE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If In Boltimo	re Cily, give exoci	I location)
DEATH (notify medic	ol exomined	etc.)	arm, lociory, sileet, al	fice bldg., INJURY OCCUR?			
O 21 D. TIME (Mon	th) (Doy) (Year) (Hour 21E IN	JURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
(APPROX)		While A	Not While				
22 I soutify that	(I) (ship hopping)			Trans	** EO . Mo	rch II	71
that (1) (we) last	(I) (this hespital) c	olive as	arch 4	June	4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	19 <u>/1</u>
				19 71 and t	not in (my) (out) op	nian aeath occ	urred on the date
23A. SIGNATURE	· · · · · · · · · · · · · · · · · · ·	upave. (I) (II	rest (ala) (qie-tot) A	lew the bady after death.		DAR DAYE CO.	MED
mil	(d) F/	1 No le	m. J. Atte	nding Med.	Staff	3/11	
23C. PHYSICIAN'S NAME (Type)	7.	1 oun	DEGREE "	Med. Director Director	Shaff Phys.	0/11	/ 1 =
Melvin	Polak	M.D.		3603 Belair	Road Balt	o. Md.	21213
4A. BURIAL CREMATIC	N. 24B. DATE		of CEMETERY OF CRE			ity, town, or count	
REMOVAL (Specify Burial	3/15/71	e D7	77-77	1		•	
SA, DATE REC'D MY H		DULA:	ney Valley	Cemetery B	altimore M	laryLand	DDRESS
MAR 15 197	Walland E.	about K		Leonard J.			
'S 150-REV. 1/1/6B		The state of the s		19 G 0 9			



(-200) BIRTH NO.	71 2 (OASKE	2504 Y: JAMES	CERTIFICA	HEALTH DEPARTME		71 2504
1. NAME DE DECE	ASED LE U	J'A MES	/	2. D/	ATE AND HOUR OF DEA	ТН
	HILLY	TAME	S- CAuzen C			124 NOOL 3-11- 21
3. PLACE IN BALI	MORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	We SIMIC D	E (Where deceased lived, I COUNTY	If institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	0	UTION, GIVE STREET	Md.	D. 1	NSIDE CITY LIMITS?
, deniye	Bity no	MAKI	Iland HOSP	Baltimo		YES 🔯 NO 🗌
OBACTI	More, md.	2120	1	E. STREET AND NUM	3401 Hami	lton Ave.
M	S. RACE	WIDOWED		8. DATE OF BIRTH Aug. 28, 19		II Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
IOA. USUAL DCCU	ATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
Retire	orking life, even if relired)	Globe	Brewery	Mary	land	USA
3. FATHER'S NAM	-		3	14. MOTHER'S MAIDE		00%
	Joseph (askev				Byrne
5. Was Deceased E	ver in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	BIIIIR	ADDRESS
Yes, no or unknown) (If yes, give wor or dote WW2		SECURITY NO. 213-05-7867A	unikers	ity OF MA	Ryland Hospita
DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO. 190. DATE OF CO. 210. ACCIDENT OR CONTRIBUTION OR CONTRIBUTION DEATH (notify or contribution) DEATH (notification) DEATH (notification) DEATH (notification) DEATH (notification) DEATH (notifica	I mean the mode of sihenio, etc. Il meons licotian which caused NTECEDENT CAUSES CONDITIONS, if obave cause (A) CONDITION last. ANI CONDITION SCO BUT NOT RELATED TO TOUR PAR OPPERATION 198. CON WAS, PERIOD CAUSE OF DECICAL CA	ony, giving sloting the NTRIBUTING HE TERMINAL TO A LONG	(B)	ice bldg., INJURY OCC	or No. 208, IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
(APPROX)			e At Not While	1	D INJURY OCCUR!	
22. I certify th	nat (1) (this hospital) ottended th	e deceosed from	3 - 7	19 77 / to	2-1/ 1971
that (I) (we) Id	st sow the decease	d offve on	3+11-71	19a	nd that In(my) (our) a	pinion death occurred on the da
and hour and l	from the causes stat	ed obove. (I)	(We) (did) (did not) vi			
23A. SIGNATURE		1.				23B, DATE SIGNED
1026	en Ea	sain	DEGREE Phys.	Iding Med.	Stoff Phys.	3/11/71.
23G. PHYSICIAN NAME (Typ	S el		2	3D. ADDRESS	niversity Hosp	
4A. BURIAL CREM	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE			(City, town, or county) (State)
Burial	3/15/	71. Nev	v Cathedral Co	metery	Balt	cimore, Md.
SA. DATE RECED OF	THEALTH DEPT.	258. NAME O	FREGISTRAR	25C. FUNERAL DIRI	ECTOR	ADDRESS
MANIST	Walson E	San Sale	RA U O	Deonard U.	Ruck, Inc. Ba	lto. Md. 21214

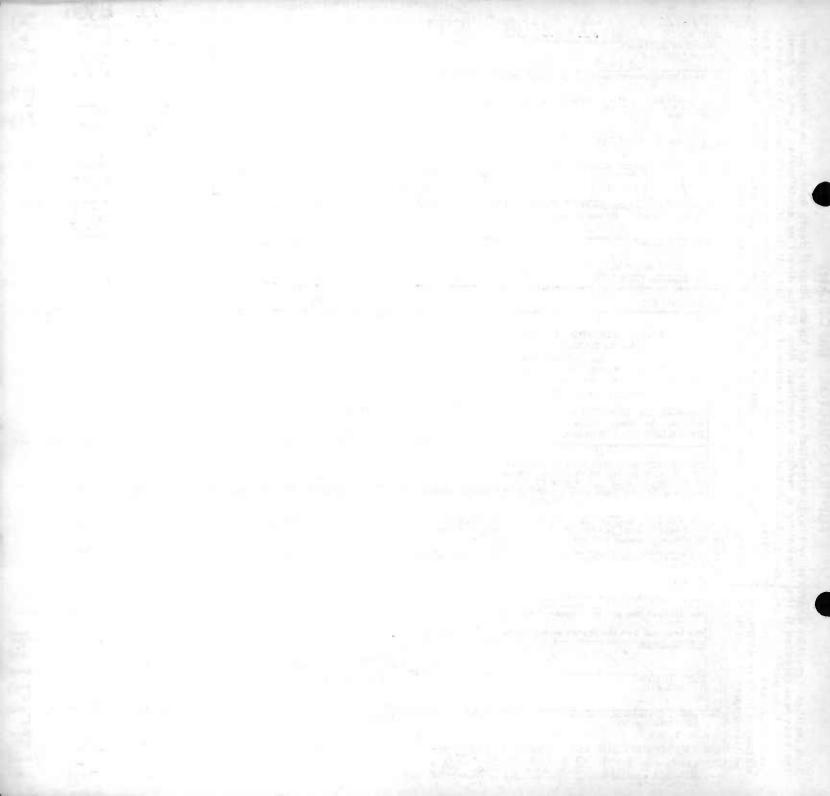


H-300 BIRTH NO.	71 25		Y HEALTH DEPARTMENT	REG. NO.	1 2505
1. NAME OF DECEASES	EDNA	HOOD		D HOUR OF DEATH	07/1 /2 06
3. PLACE IN BALTIMO	E MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. If inst	itution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	TY.	1305 ECITY LIMITS?
Montot	CHARLE	9 eneral	E. STREET AND NUMBER	TILDEN !	PES NO .
5. SEX 6. RA	WID!	RRIED NEVER MARRIED DWED DIVORCED	12-7707	9. AGE (In years last birthdoy)	II Under 1 % II Under 24 Hrs Months Days Hours Min.
done during most of working	life, even if retired) 1	ND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTR
		rner	14. MOTHER'S MAIDEN NAM	e Wri	946
5. Wos Deceosed Ever i Yes, no or unknown) (II ye	n U. S. Armed Forces? s, give wor or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		- Saye
IThis does not me heart failure, asther injury or complication. ANTEC DISEASES OR COMISE IN THE ABOUT TO THE SIGNIFICANT TO THE DEATH BUT TO THE DEATH BUT DISEASE OR CONDITION.	CONDITIONS CONTRIBU NOT RELATED TO THE TERM ON GIVEN IN PART 1 (A).	e.g., CA)IMMEDIATE CAM DUE TO, OR AS giving the (C) A 7 TING (NAL BY OFFICE OFFI	a consequence of: In A consequence of:	by embers is a mula boill atir y voi dism	Laling Dings considered es of death?
OR CONTRIBUTING	CAUSE OF -	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 CON HERE DID	(If In Boltimore C	City, give exact location)
	h) (Doy) (Year) (Houd	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. 1 certify that (that (i) (we) lost s) (this haspital) atten	ded the deceased from	10	?to	n death occurred on the date
ond hour ond fram 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	the causes stated abo	ve. (I) (We) (did) (did not) v	lew the bady after death.		B. DATE SIGNED 3 - 1(-197)
	Salomon	Stulevich DEGREE	6809 (A) Townbro	ok Rive
BURIAL CREMATIO REMOVAL (Specify) BURIAL	3/15/71	MORELAND	MEM BI	CATION (City, ALTO, MD	
MAR 15 K	March 1 1 10 1 10 10 10 10 10 10 10 10 10 10	adea, AD	25C. FUNERAL DIRECTOR	ovel & 3 &	ADDRESS



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

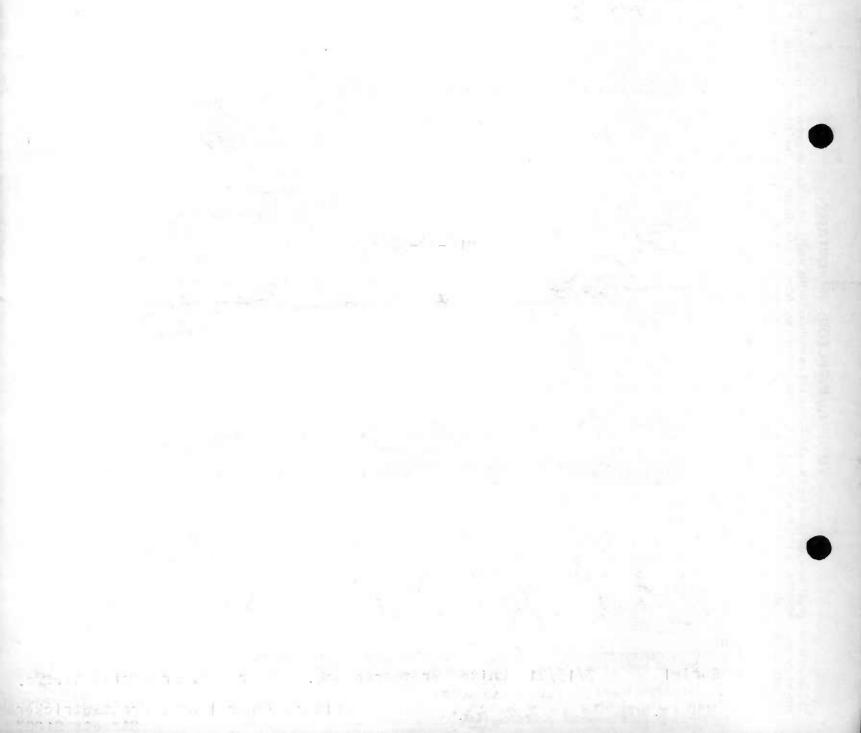
1.7 100	BALTIMORE CIT	Y HEALTH DEPARTMENT	71 2506
U-420 71 25	06 CERTIFICA	ATE OF DEATH REG. NO.	71 2300
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
Lester Wiles	SR	3-11-71	1 3;15 AM
3. PLACE IN BALTIMORE, MARYLAND, WHER	PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Md.	1207
			DE CITY LIMITS?
Yunion Memorial Ho	60.14	Balto.	YES V NO
union ilemorial Ho	spirau	E. STREET AND NUMBER	
		2904 Miles Ave.	
5. SEX 6. RACE 7. A	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr If Under 24 Hrs.
M Cause "		last birthdoy)	Months Doys Hours Min.
	DOWED DIVORCED	9-23-96 74	
OA. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
ione during most of working life, even if refired)		Md.	U.S.A
			4.5.4
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Edward Wiles		×	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of	11 6. SOCIAL	17. INFORMANT	ADDRESS
	service) SECURITY NO.	01 +	
unknown		Charl	
1B. 14-51	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
Distant on completion places	2 14	3	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LI	L. T. T	
(This does not mean the mode of dylin	(A)IMMEDIATE CA		
heart failure, asthenia, etc. It means the	disease. DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused dea	thJ		
ANTECEDENT CAUSES	9 1	1. 10 1 1	
The second of th	(8) Links	young anastonies	
DISEASES OR CONDITIONS, If any,	Sea a sea St.	S A CONSEQUENCE OF:	
rise to the above cause (A) state UNDERLYING CONDITION last.	ing the Thomas	relief malon breeting	
ONDEKTING CONDITION 103E	(C)	regise rater recetion	
_ 11	ane	a careenoon	
OTHER SIGNIFICANT CONDITIONS CONTRI- TO THE DEATH BUT NOT RELATED TO THE TE	BUTING		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (RMINAL		
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE I	FINDINGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION WAS PERFORA	AED	IN CERTIFIING CA	USES OF DEATH?
A COLORAGE WAS HARRING	carcinoma	7 es	
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, foctory, street,	office bldg. INJURY OCCUR?	e City, give exect location)
C DEATH (notify medical examined	etc.)		
210-YIME (Month) (Doy) (Year) (H	oud 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	The second secon		
(APPROX.)	While At Not Whi		14
	1 1 1		1. 11
22. I certify that (1) (this hospital) at		Jan. 17 197/ 10 N	as 16 1971
that (i) (we) lost sow the deceased of	ive on Mm 10		nion death occurred on the dat
and hour and from the couses stated o	bove. (1) (we) (did) (did not)	view the body difer deoth.	
23A. SIGNATURE			238 DATE SIGNED
1 6 1/=	^) [Dh.	ending Med. Staff	Men 11 1071
23C. PHYSICIAN'S	DEGREE FI	23D. ADDRESS	1/10/1.////
NAME (Type)		TON MURESS	/
4A. BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CH		ly, town, or county) (Stole)
REMOVAL (Specify)	- Service of Grant of	1 0 1	,
Durial 3-15-71	Orrane P	R. Ballimore m	d
SA. DATE REC'D BY HEALTH DEPT. 1258	NAME OF REGISTRAS	25C, FUNERAL DIRECTOR	ADDRESS 4/1
MAR 15 1971 (22.62		1 to 0	-116101 36 PM
MAK 15 19/1 Usesay Co	STATE OF THE PARTY	Tramp In Thouse	146000000



	PE OF DECEASED		2 () 2 2 4 7 4 7	
	O DX/	EN FRANCI.	S K. 2-24.7/. 2:0	OAM
FU	PLACE IN BALTIMORE, MARYLAND, WHERE I	INSTITUTION, GIVE STREET	MARY COUNTY C.CITY OR TOWN D. 1	INSIDE CITY LIMITS?
17	13 SOUTH BACTIMORE GE	NERAL HOYITAL	BACTIMORE E. STREET AND NUMBER 7355 FURNACE BRA	YES NO NO NO NO REN E
5. \$	mme Willier	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2.28.1902 Section years Section years	Months Doys Hours
	USUAL OCCUPATION (Give kind of work 10B, Kine during most of working life, even if refired)			12. CITIZEN OF WHAT CO
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. (Yes	Wee Deceased Ever in U. S. Anned Forces? s,no or unknown) (If yes, give war or dates of se		17. INFORMANT	ADDRESS
-	116, 4/1/1/4:	086 1.4 653 CAUSE OF DEA	4	APPROXIMATE INT
	DISEASE OR CONDITION DIRECTLY	,		BETWEEN ONSET AN
	LEADING TO DEATH	CASIMMEDIATE CA	USE THROMBO EMBOLISM	
		The state of the s		
	(This does not mean the mode of dying, heart failure, asthenia, etc. it means the di	sease, DUE TO, OR AS	A CONSEQUENCE OF:	
	injury or complication which caused death.	sease, DUE TO, OR AS	S A CONSEQUENCE OF:	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any,	DUE TO, OR AS		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, size to the above cause (A) stating	giving DUE TO, OR AS	OACONSEQUENCE OF: OSCLEROTIC CARDIO VASCU	
	Injury or complication which caused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, size to the above cause (A) stating UNDERLYING CONDITION last.	giving g the (C).	S A CONSEQUENCE OF: OSCLEROTIC CARDIO VASCU S A CONSEQUENCE OF:	UCAR DISEASE
ATTON	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, itse to the above cause (A) stating UNDERLYING CONDITION last.	giving g the (c)	OACONSEQUENCE OF: OSCLEROTIC CARDIO VASCU	UCAR DISEASE
THICATION	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, itse to the above cause (A) stating UNDERLYING CONDITION last.	giving (6) ARTER (C) DUE TO, OR AS	SACONSEQUENCE OF: USCLEROTIC CARDIO VASCU SACONSEQUENCE OF: TO-VESEULEN ARRIVED	UCAR DISEASE
CAL CERTIFIC	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, itse to the above cause (A) stating UNDERLYING CONDITION last.	giving (B) ARTER (B) DUE TO, OR AS (C) DUE TO, O	SACONSEQUENCE OF: OSCLEROTIC CARDIO VASCU SACONSEQUENCE OF: O-VESCULAR ACCIDA 20A-AUTOPST? (Tes of No.) 20B, IF YES, WE IN CERTIFYING	ent
CAL	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, size to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED TO CONTRIBUTION OF	giving (B) ARTER (B) ARTER (B) ARTER (C) DUE TO, OR AS (C) DUE TO,	SA CONSEQUENCE OF: OSCLEROTIC CARDIO VASCU SA CONSEQUENCE OF: O-VESCULAR ACCIDENTATION O-VESCULAR ACCIDENTATION O-VESCULAR ACCIDENTATION O-VESCULAR ACCIDENTATION In or obout 21 C. WHERE DID (If in Boltoffice bidge INJURY OCCUR?)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, size to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED CONTRIBUTING CONTRIBUTION	giving giving DUE TO, OR AS DU	SA CONSEQUENCE OF: OSCLEROTIC CARDIO VASCU SA CONSEQUENCE OF: O-VESCULAR ACCIDENTATION O-VESCULAR ACCIDENTATION O-VESCULAR ACCIDENTATION O-VESCULAR ACCIDENTATION In or obout 21 C. WHERE DID (If in Boltoffice bidge INJURY OCCUR?)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, size to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19SE CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH inotify medical examined 21D. TIME 1Month (Doy) 1Year (How CAPPROX.) 22. 1 certify that (1) (this hospital) after that (1) (we) last saw the deceased aliver and hour and from the causes stated above the cause of the ca	giving giving DUE TO, OR AS DU	20A-AUTOPST? (Tes or No) 20B. IF YES, WE IN CERTIFYING 21F. HOW DID INJURY OCCUR? 219 7/ and that In (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exact location) 2 - 2 4 19 opinion death accurred an I
MEDICAL	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, itse to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION GOTHER ENDISEASE OR CONDITION GIVEN IN PART 1 (A). 179-ADATE OF OPERATION 1992 CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH inotify medical examined 210-TIME 1Month (Doy) 1Year (Hour CAPPROX) 22. 1 certify that (1) (this hospital) attentat (1) (we) last saw the deceased aliven and hour and from the causes stated above 123A. SIGNATURE	giving g the (c)	SA CONSEQUENCE OF: OSCLEROTIC CARDIO VASCU SA CONSEQUENCE OF: O-VESCULER Accid 20A AUTOPST? (Tes or No.) 20B, IF YES, WE IN CERTIFYING In or about 21C, WHERE DID 21F. HOW DID INJURY OCCUR? 10 21F. HOW DID INJURY OCCUR? 11 21F. HOW DID INJURY OCCUR? 12 2 3 19 7/ ta 19 7/ and that in(my) (our) 12 view the bady after death. 13 Med. Stoff Phys. Director Phys.	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exact location)
MEDICAL	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, size to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION CONTRIBUTION THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION WAS PERFORMED OR CONTRIBUTING 19B-CONDITION WAS PERFORMED OR CONTRIBUTION 19B-CONDITION 19B-CONDITIO	giving giving giving giving giving giving GUE TO, OR AS DUE TO, OR AS DU	SA CONSEQUENCE OF: OSCLEROTIC CARDIO VASCU SA CONSEQUENCE OF: O-VESCULER Accid 20A AUTOPST? (Tes or No.) 20B. IF YES, WE IN CERTIFYING In or about 21C, WHERE DID 21F. HOW DID INJURY OCCUR? 10 21F. HOW DID INJURY OCCUR? 11 21F. HOW DID INJURY OCCUR? 12 2 3 19 7/ ta 19 7/ and that in(my) (our) 12 3D. ADDRESS 12 3D. ADDRESS 13 20/ S. Harrows St.	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exact location) 2 - 2 y 19 opinian death accurred an I
MEDICAL	Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, size to the above cause (A) stating UNDERLYING CONDITION fact. II OTHER SIGNIFICANT CONDITION CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERN DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198E. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH inotify medical examined 21D. TIME 1Month (Doy) 1Year (House OF INJURY (APPROX.) 22. 1 certify that (i) (this hospital) after that (i) (we) last saw the deceased alive and hour and from the causes stated above the color of the causes stated above the color of the causes stated above the cause sta	giving g the CC. TING (E) ARTER DUE TO, OR AS (B) ARTER (C) DUE TO, OR AS (C) TING (C) TI	SA CONSEQUENCE OF: OSCLEROTIC CARDIO VASCU SA CONSEQUENCE OF: O-VESCULAR ACCIONATE DIA CERTIFTINO In or obout 21 G. WHERE DID 21 F. HOW DID INJURY OCCUR? IN CERTIFTINO 21 F. HOW DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exact location) 2 - 2 y 19 opinian death accurred an I

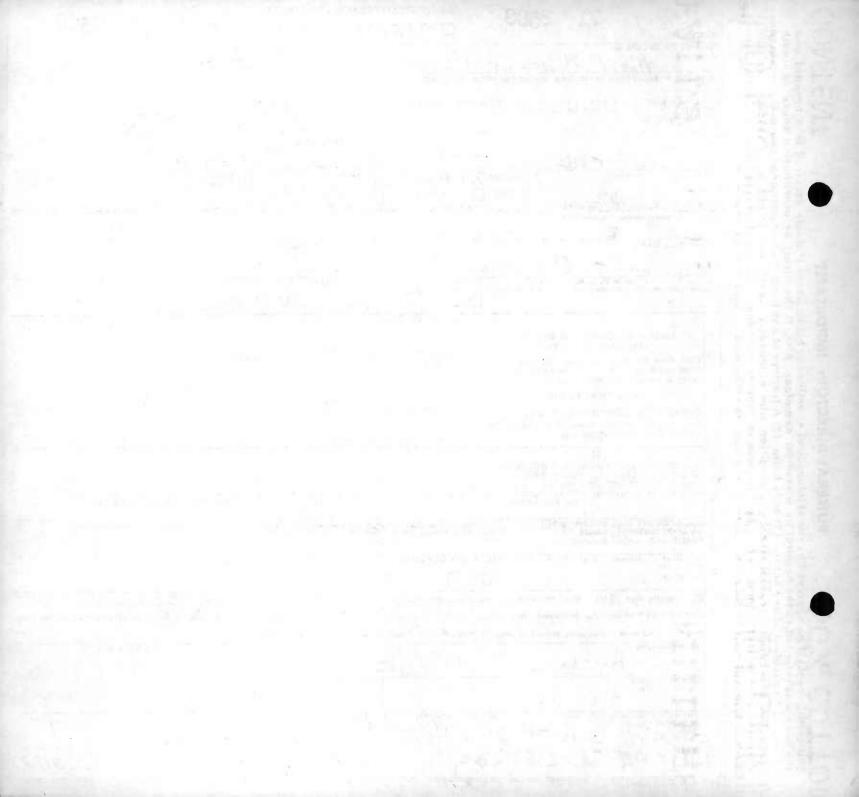


0 121	ma Odo	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 2508
BIRTH NO.	71 250	CERTIFICA	TE OF DEATH	REG. NO	11 2508
Type or Print	. 0		2. DATE AN	NO HOUR OF DEAT	н
Unit	Grace In	rene	3	/11/71	17.30 PA
3. PLACE IN BALTIMORE	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	ne deceased lived. II	institution: residence before admission
FULL NAME OF (IF	NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	marylano	1 1	1900
FULL NAME OF (IF HOSPITAL OR AI NSTITUTION	DDRESS OR LOCATION		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	ex		BALTO		YES NO
North Mharle	es General Ho	spital.	E. STREET AND NUMBER		
701711011			13/3W. Pra	#5+.	
SEX 6. RAC	F 7- MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
1	WIDOW	= =	Nov. 12,1936	last birthdoyl	Manths Doys Hours Min.
A. USUAL OCCUPATION	N (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTR
one during most of working I			7		
FATHER'S NAME	re		MARylan	4	
- PAIREK'S NAME	γ ,		14 MOTHER'S MAIDEN NA	ME	
6/mer 6	ruber.		mary Gr	reenwood	
. Was Deceased Ever In	U. S. Armed Farces?	16. SOCIAL	17. INFORMANT	- 07700 0 00	ADDRESS
	dias wat at goies of selate	e) SECURITY NO. 215-34-375	306 +		
100-			0,00,7		
18. 180X	1	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	CONDITION DIRECTLY	Carcina	ma of cer	TVIX - mel	uslula
	n the made of dying, e.	(A) IMMEDIATE CA	USE ()		24-5
heart lailure, astheni	a, elc. If means the disea	se, DUE TO, OR AS	A CONSEQUENCE OF:		ŀ
injury ar camplication	n which caused death.)				
ANTECE	DENT CAUSES	(9)			
DISEASES OR CO	NDITIONS, if any, givi	ing DUE TO, OR AS	A CONSEQUENCE OF:		
inse la the obay	e cause (A) staling t	ine			
ORDEREITHO COR	MION IUSE	(c)			
TO THE DEATH BUT N	ONDITIONS CONTRIBUTING THE TERMINA	AL			
LIDISEASE OR CONDITIC	ON GIVEN IN PART 1 (A).		120A Att=03eve/V	N 208 IF ~=2	
19A DATE OF OPERA	, WAS PERFORMED	OBSTRUCTION	J ZUAL AUTOPSY? (Tes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS	ROWEL		Company of the Compan		
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., inches, farm, foctory, street, a	flice bldg., INJURY OCCUR?	(If In Baltim	ore City, give exact location)
DEATH (natify medical	examined	elc)			
21D. YIME (Manth	(Doy) (Yeor) (Hour) 2	TE INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not While	• 🗖		
		Work L At Wark	/		= /
	(this hospital) attended	0 /	2/9	19 71_to	3/// 19 7/
that (1) (we) lost so	w the deceased alive or	n	19and the	at In(my) (our) of	Inian death occurred on the dat
and hour and fram t	he causes stated above	(1) (We) (did) (did nat)	lew the bady after death.		
23A. SIGNATURE	1		The start of the s		23B, DATE SIGNED
Matthe	6-1 /11	Meses Atte	nding Med.	Staff Phys.	3/11/71
23C. PHYSICIAMS	men /1110	- DEGREE		Phys, L	1 2/11/11
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	and the state of	GEGREE			
A. BURIAL CREMATION	, 24B, DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D. LO	DCATION (City, town, or cauntyl (State)
Burial	3/15/71 L	United Brethe	ran Cem. Th	urmont. F	rederick Co., Md
SA. DATE REC'D BY HEA		E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAD 4 - ARM		7. 4 0	Waintens fu		ne Pratt&Stricke
MAIN TO THE	7.2.68 300	MA	Maliferia Da	meral hor	
S 150-REV. 1/1/68		A STATE OF THE STA			311 6613 2122



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

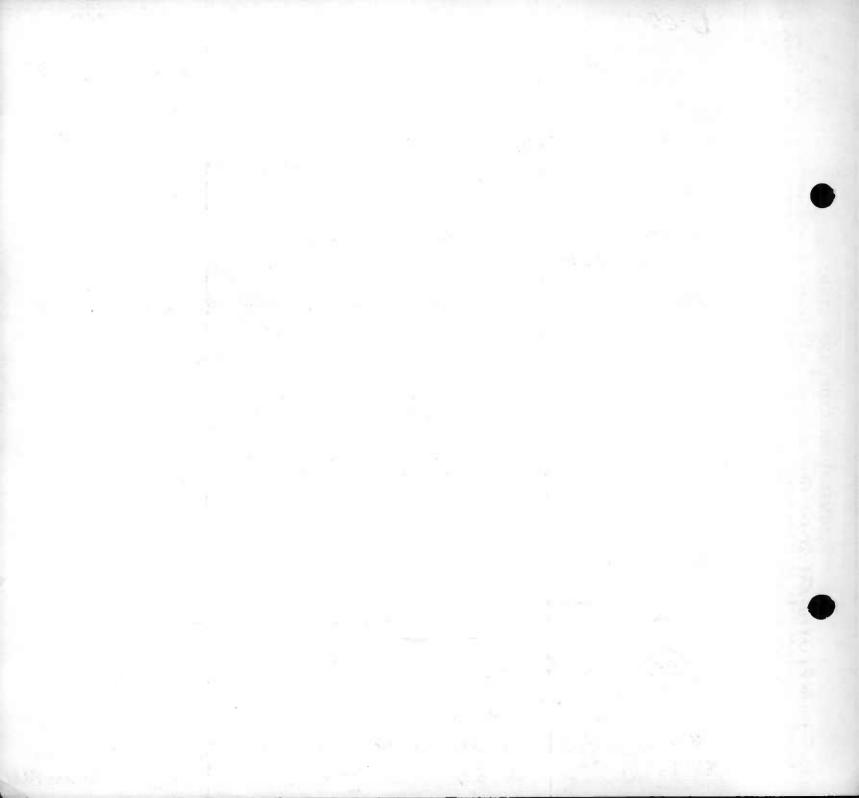
C-160 71 2509		TE OF DEATH	REG. NO	71 2509
I. NAME OF DECEASED (Type or Print) MARY CHERRY	COPPER		D HOUR OF DEATH	1 //:30
3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUN FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTE	CED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN' MARYLAN	TY	nstitution: residence before admis
HOSHTAL OR ADDRESS OR LOCATION) WISHTUTION SOUTH BALTIMORE		C. CITY OR TOWN BALTIMOR E. STREET AND NUMBER		YES NO
S. SEX 16. BACE 17. MARRIED TO	ITAL	3707 SI	EVENTH	ST.
F WIDOWED	NEVER MARRIED DIVORCED	10-17-14	ost birthdoyl	If Under 1 Yr. II Under 24 Months Days Hours M
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BI done during most of working life, even if refired) CASHIER THEA		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COU
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE -	21-11-16
5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	FIA C	ADDRESS # 11
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATE	Poseorge VI Co	pper as	APPROXIMATE INTERVEN ONSET AND D
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	(B) Card DUE TO, OR AS	iorascular A CONSEQUENCE OF:	Acad	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Ves or No)	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exect location)
	At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive on	3 11 7	19	4	nian death occurred on the
and hour and fram the causes stated above. (1) (1)	M.D. After		italf :	23B. DATE SIGNED
23C. PHYSICIAM'S AYE NGWE	2	3D. ADDRESS		
	E OF CEMETERY OF CREE	emetery GI	1 16	ity, town, or county) (State
MAR 15 9971 122 2 30 18 2	MOISTRAR ()	25C. FUNERAL DIRECTOR	01	apsco Hue, 212



IMPORTAN

DIRECTOR:

FUNERAL



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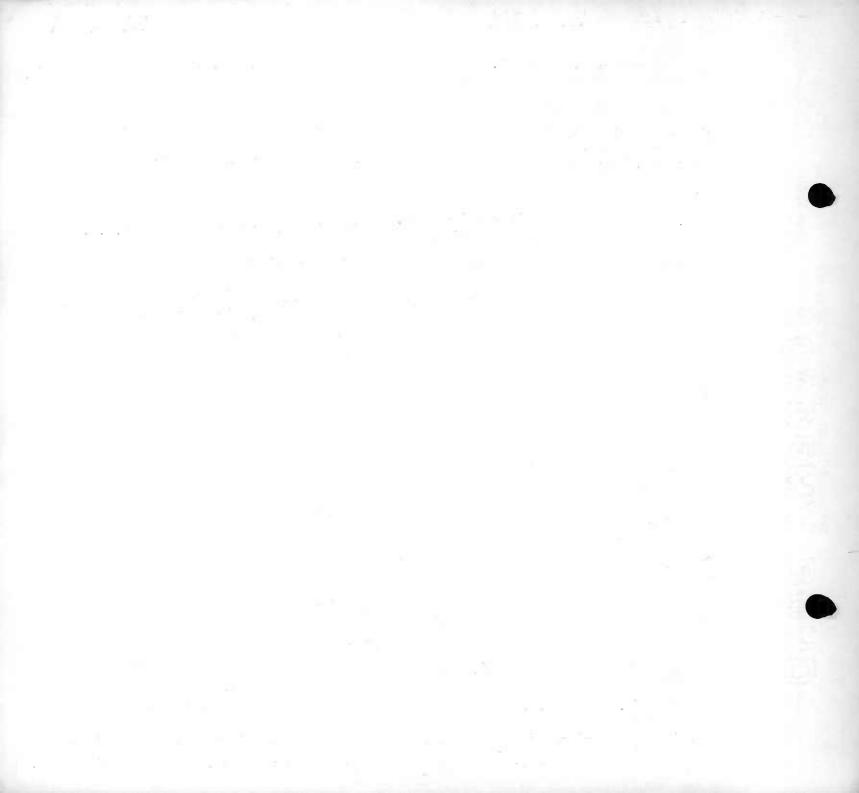
U.S.A.

, If Under 24 Hrs.

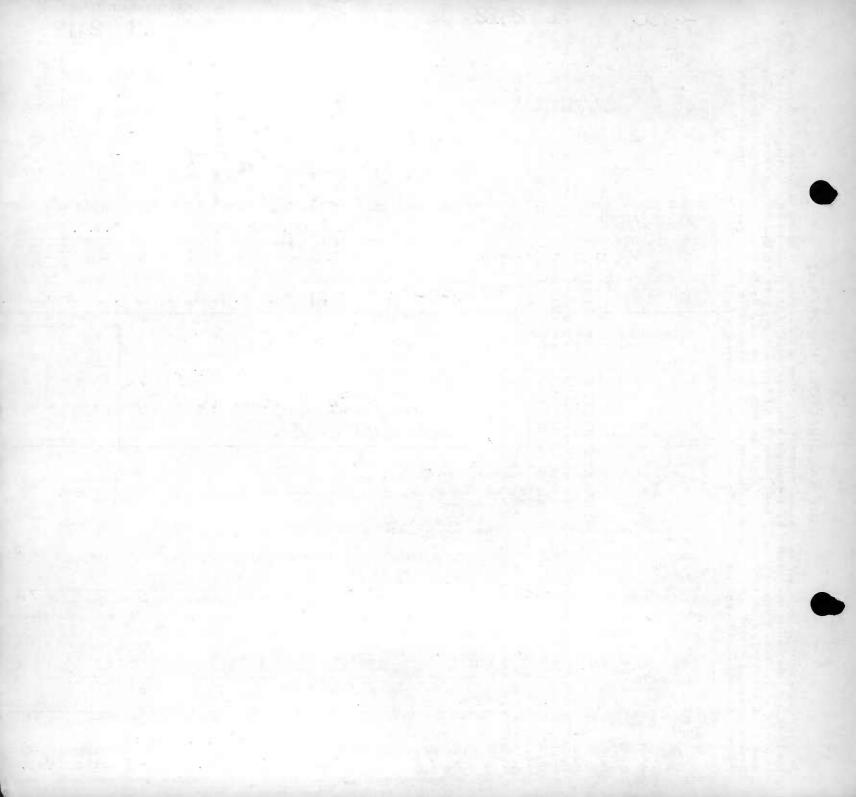
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stotel



1/ 400) 74 9519	BALTIMORE CITY	HEALTH DEPARTMENT		
H-200 71 2512	CERTIFICA	TE OF DEATH	REG. NO	71 2512
1, NAME OF DECEASED (Type Prig) THERINE HE	0 12	2. DATE AN	HOUR OF DEATH	19:00A N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (What	e deceased lived. If ins	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY-OR TOWN		DE CITY LIMITS?
200		BAZITA	PORE	YES NO
10000LD CON	JABAN	STREET AND NUMBER	FAIT	NE BALTO
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
T CAV WIDOWED D	d	OCT 81895	75	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	an country)	12. CITIZEN OF WHAT COUNTRY
Housewife Own Hom	ne	Baltimore, Mary	land	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Michael Schaefer		Clara Purse	er	
	6. SOCIAL	17. INFORMANT		ADDRESS
	215-03-0897 B		1. Knopp 7	23 S. Lakewood Ave
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		30 , 10.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	ingiva) to	anaan	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,		A CONSEQUENCE OF	B 1-17	9
injury or complication which caused deoth,)	PLVC	alt fu	(well a a	REE
ANTECEDENT CAUSES	10/10/10	1PTL Oni	larara +	
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	VVVTI Y	
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(6)	elexio.		
11	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS CU	D 3) Dry	sele hu	Clit
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IE vee wene ei	INDINGS CONSIDERED
WAS PERFORMED	TOT OFERATION	AUTOFST; (163 OF 100)	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in	o o obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, of	fice bldg., INJURY OCCUR?		entry give exact location)
S OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that (1) (this hospital) attended the	decepted fram	1.5	970 ta /W	en 12 1971
that (I) (we) last saw the deceased alive an	Fuer 1	0 19 7 and the	it in (my) (gor) apin	ian death accurred an the da
and how and from the causes stated above. (1)	WE) (did) (did not) v			
33A. SIGNATURE	4			23B. DATE SIGNED
Muceally Illinia	X/A Dhan	nding Med.	Staff Phys.	3/12/71
23 PHYSICIAN'S	DEGREE	23D. ADDRESS		20/10/11
DANAS W. M. W.T.	En	3009 +NERE	REENAV	ELL
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE OF CEMETERY OF CRE	MATORY 24D 10	CATION (City	y, Jown, or county) (Stote)
REMOVAL (Specify)	y Redeemer			
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF		2SC. FUNERAL DIRECTOR	timore, Mary	yland ADDRESS
MAR 15 1971 (22.0 £ 3.6.	Za6 no	Lilly & Zeile	r Inc. 190	1-07 Eastern Ave.
/S 150-REV. 1/1/6B	Line II	The state of the s		



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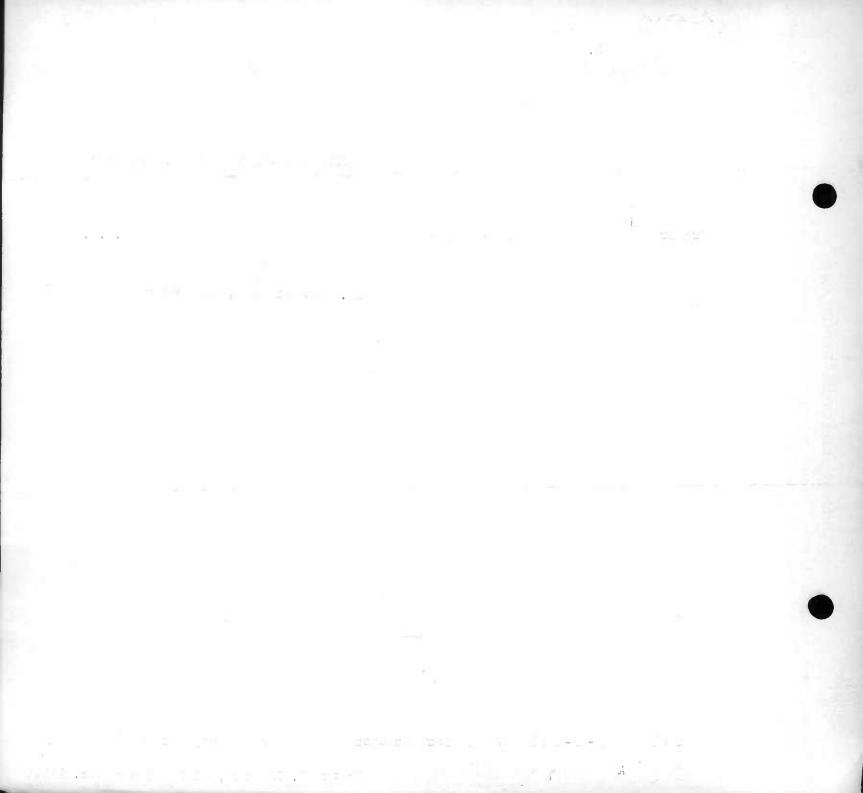
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(1) _ 20() BALTIMORE CIT	Y HEALTH DEPARTMENT	71 2514
	ATE OF DEATH REG. NO.	71
Type of Pant) WILLIAM H. WESS	2. DATE AND HOUR OF DEATH MARCH 10, 1971	4.20 n
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	2.006
INSTITUTION		CITY LIMITS?
524 BRUNSWICK STREET		ES NO
Baltimore, Maryland 21223	E. STREET AND NUMBER 524 Brunswick Street	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	R. DATE OF RIPTH IN ACC.	If Under 1 Yr. , II Under 24 H
MIDOWED DIVORCED	11-21-1900 last birthdoy)	Anths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNT
Stationary Engineer Westinghouse	Maryland	TT C A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
Herman H. Wess	Susan E. Spies	
S. Was Doceased Ever in U. S. Armed Forces? 1 6. SOCIAL 1 6. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No SECURITY NO. 212-10-5691	Mr Philip I Wasa 52/ P-	
18. / CAUSE OF DEAT	Mr. Philip J. Wess, 524 Bru	nswick St. 2122
DISEASE OR CONDITION DIRECTLY		RETWEEN ONSET AND DEA
LEADING TO DEATH	USE Ca of the Lung	· Sina
(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	September 1970
injury or complication which caused deoth.)		Soptember
ANTECEDENT CAUSES	Metastaria.	1970
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
tise to the above cause (A) stoting the UNDERLYING CONDITION last.		
ONDERLING CONDITION last. (C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY (A.S. I.)	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., Industry of Indus		
OR CONTRIBUTINO CAUSE OF home, form, loctory, street, of DEATH (notify medical examined	fice bldg., INJURY OCCUR?	Ity, give exect facotion)
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED		
DEATH (notify medical examined etc.)	21F. HOW DID INJURY OCCUR?	
Work L At Work		
22. 1 certify that (1) (this hospital) attended the deceased fram	191a	19
that (I) (we) last saw the deceased alive an	19and that in (my) (aur) apiniar	n death accurred an the da
and have and from the causes stated above. (1) (We) (did) (did nat) v	lew the body after death.	
23A. SIGNATURE		R DATE SIGNED
Bizhan . Eliza hims MD Atter	nding Med. Staff Phys.	3/10/71
	3D. ADDRESS	-
RITHING ERRANGI MIN	WILKENS & CATON BALTO M	D 21229
4A. BURIAL CREMATION, 124B, DATE 124C NAME of CEMETERY OF CRE		own, or county) (Stote)
KENTO VAL (Specify)		
Burial 3-13-1971 Cedar Hill Cemete SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR		timore Co., Md.
MAR 1 5 1971 Page 8 30 Ben 460	Howard H. Hubbard, 4107 Wi	ADDRESS
\$ 150-REV. 1/1/68	Itipadira it. Hannard, 410/ MI	ikelis ave. 21229

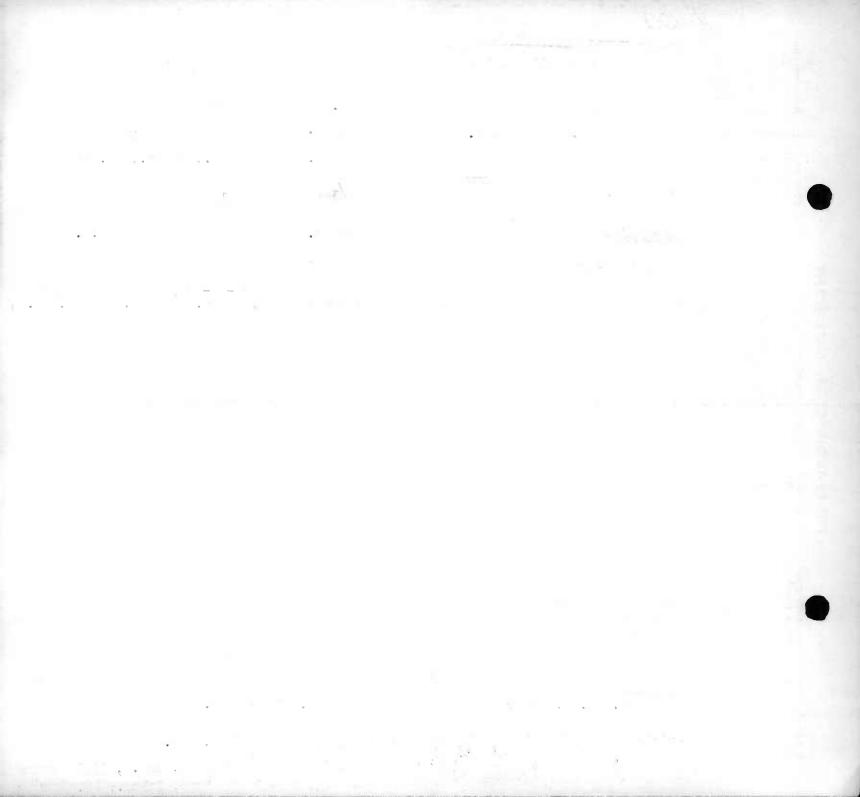
1000 -	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 2515
BIRTH NO.	1 2515 CERTIFICA	ATE OF DEATH	REG. NO	
1. NAME OF DECEASED S.		2. DATE AND	HOUR OF DEATH	1 55
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE/(Where	deceased lived If inst	ilution: residence before admission)
	OSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNT		2534 E CITY LIMPS?
3 4Bon Secours	Hospital	E. STREET AND NUMBER	2 /	YES NO
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	- CI	
Male Cauc.	WIDOWED DIVORCED	9/29/05	st birthdoyl 65	II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
done during most of working life, even if ret	I work 10B, KIND OF BUSINESS OR INDUSTR	11. PARTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
Grocer	Self Employed	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
William Keim		Lena Air	Kett	
15. Was Deeeased Ever in U. S. Arme (Yes, no or unknown) (If yes, give war as NO	d forces? dotes of service) 16. SOCIAL SECURITY NO.	Mrs, Eleanor Ke	im, 416 Ran	dom Receives 21229
18/_/ _ ~ 1	CAUSE OF DEAT	TH CHUTC		APPROXIMATE INTERVAL
DISEASE OR CONDITION		while a class	•	BETWEEN ONSET AND DEATH
LEADING TO DEA	AL DANGEDIATE CA	USE ESTERNI		day
(This does not meon the mode heart failure, asthenia, etc. It m	eans the disease.	A CONSEQUENCE OF:		***************************************
injury at complication which ca		in old t	7)	1 mm
ANTECEDENT CAL	(8)		***************	
DISEASES OR CONDITIONS, rise la lhe abave cause UNDERLYING CONDITION last	(A) slaling the	s A CONSEQUENCE OF:	o rolum,	que
11	(-)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 19B. WAS	TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN 198.	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYIN	JOHN STACE OF THE STACE	4	3	
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	NG 21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)	iffice bidg., INJURY OCCUR?	(ff In Boltimore (City, give exoct location)
21D. TIME (Month) (Doy) (Y	(eon) (Hour) 21E INJURY OCCURRED While AI No! Whi	21F. HOW DID INJUS	RY OCCUR?	
(APPROX)	Work At Work			
	pital) attended the deceased fram	>/	7/_to	
that (4) (we) last saw the dec			in (1994) (aur) apinio	an death accurred on the date
23A SIGNATURE	stated abave. (4) (We) (did) (did not)	view the body after death.		
PP1 80	Ath	ending Med. Sh		3B, DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)		ending Med. Sh Sh. Director Ph 23D. ADDRESS	off lys.	3-10-7/
	Pranate de Raula Ma	RAIN SPENNE	Hosa a.	16 101
14A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	Franco-deBorja M. D. DEGREE E 24C, NAME OF CEMETERY OF CR	EMATORY 24D. LOC	ATION (City,	town, or county) (State)
Buria1 3-13-	-1971 Loudon Park Cem	etery Bal	timore, Mar	yland
MAR 15 1971 22	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MULT TO BUT NESS	A Cause Mid O 17	Howard H. Hubb	ard, 4107 W	ilkens Ave. 21229



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause (s) death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT This certificate must be

177	4-420	71	2516		HEALTH DEPARTMENT	REG. NO	71 2	2516	
1.1	RTH NO.	780	egra	CERTIFICA	TE OF DEATH				
	pe or Print)		Llen Hulk		2. DATE AND HOUR OF DEATH 3/11/71				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; resi	dence before admiss	
HC	OLL NAME OF GIF NOT IN HOSPITAL OR INSTITUTION, GIVE STR STITUTION OTHER STRUCTURE OF THE			ION, GIVE STREET	Md.	D IN	SIDE CITY LIM	702	
1	5 6	504 N. Kenwood Ave.			Balto.	2. 114	YES T	NO 🗌	
00					E. STREET AND NUMBER 504 N. Kenwoo	d Ave., Ba	lto., Mo	d. 21.205	
5. S	F 6.	WIDOWED WIDOWED		NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/28/90	9. AGE (In years lost birthday)	If Under I Months D	Yr. II Under 24 1 oys Hours Min.	
10A	USUAL OCCUPA	TION (Give kind of work	10B KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Sigte of lore	ign country)	12. CITIZE	N OF WHAT COUN	
9011	housew				Balto.			U.S.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	Joh	n Rohe							
15, \ (Yes	Was Deceased Eventon or unknown) (If	er in U. S. Armed Far yes, give wor ar date	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT	son-in-law)	A	DDRESS 2122	
	no	,		none	Gordon Chaney	412 N. Ro	se St.,	Balto. Md.	
	18.	KE		CAUSE OF DEATH				APPROXIMATE INTERVA	
		OR CONDITION DI	RECTLY		A .	0. 1	861	WEEN ONSET AND DE	
	DISEASES OR	CONDITIONS, il abave cause IA) CONDITION lost.	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	a legs	1	J Lloy 1.	
A	TO THE DEATH B	II NT CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR	HE TERMINAL	***************************************		/			
RTI	0	ERATION 19E CON WAS PERI	FORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CO LUSES OF DE	ONSIDERED ATH?	
	OR CONTRIBUTING CAUSE OF								
CAL	DEATH (notify me	dical examined	etc.)	rolling receiving allowed con	fice bidg. INJURY OCCUR?			exact tocotion;	
MEDICAL	DEATH (notify me	dical examined	(Haus) 21 E IN	JURY OCCURRED At Not While	21F. HOW DID INJ	•		exact locotion;	
MEDICAL	DEATH (notify me 21D. TIME (M OF INJURY (APPROX)	dical examined anth) (Doy) (Year)	(Haus) 21 E IN While Wask	JURY OCCURRED At Mot While At Work	21F. HOW DID INJ	URY OCCUR?	11 0	,	
MEDICAL	DEATH (notify me 21D-TIME (M OF INJURY (APPROX.) 22. I certify the	dical examined anth) (Doy) (Year) t (1) (this he spital	(Haus) 21E IN While Wark Ottended the	At Not While At Work	21F. HOW DID INJ	URY OCCURY	Tasoly	,	
MEDICAL	DEATH (notify me 21D. TIME (M OF INJURY (APPROX.) 22. I certify the thet (1) (we) les	dical examined anth) (Doy) (Year) t (1) (this hespital t sow the decease	(Haus) 21E IN While Wark Ottended the	At Not While At Work	21F. HOW DID INJ	URY OCCUR?	Tasoly	19 7/	
MEDICAL	DEATH (notify me 21D. TIME (M OF INJURY (APPROX.) 22. I certify the thet (1) (we) les	dical examined anth) (Doy) (Year) t (1) (this hespital t sow the decease	(Haus) 21E IN While Wark Ottended the	At Not While At Work	21F. HOW DID INJ	URY OCCURY	Lasoli Inlon death	occurred on the d	
MEDICAL	DEATH (notify me 21D. TIME OF INJURY (APPROX.) 22. I certify the that (1) (we) los and hour and fr. 23A. SIGNATURE	dical examined anth) (Doy) (Year) t (1) (this hespital t sow the decease	(Haus) 21E IN While Wark Ottended the	At Not While At Work deceased from	21F. HOW DID INJ	URY OCCURY	Tasoly	occurred on the d	
MEDICAL	DEATH (notify me 21D. TIME OF INJURY (APPROX.) 22. I certify the thet (1) (me) les end hour end fre 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	dical examined anth) (Doy) (Yeen) It (1) (this he spital it sow the decease om the couses stot	(Hau) 21E, IN While Wark Ottended the dolive on end obove. (1) (1)	At Work At Work deceased from Will (did not) vi	21F. HOW DID INJ	URY OCCUR? 19	Lasoli Inlon death	occurred on the d	
MEDICAL	DEATH (notify me 21D. TIME (M OF INJURY (APPROX.) 22. I certify the that (1) (ma) los and hour and fre 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMA!	dical examined anth) (Doy) (Yee) It (1) (this he spital it sow the decease om the couses stot A G G TION, 1248, DATE	(Hau) 21E, IN While Wark O ottended the dolive on ted obove. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	At Work deceased from	21F. HOW DID INJ 21F. H	or Ave.	Inion death	occurred on the d	
WEDICAL	DEATH (notify me 21D. TIME OF INJURY (APPROX.) 22. I certify the thet (1) (me) les end hour end fre 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	dical examined anth) (Doy) (Yee) It (1) (this hespital it sow the decease om the couses stot Ore Wm. G. (100), 248, DATE ify) 3/15/	(Hau) 21E, IN While Wark) ottended the dolive on ed obove. (1) (1) Geyer 24C.NAM	At Work At Work deceased from DEGREE DEGREE DEGREE Ly Redcemer	21F. HOW DID INJ 21F. H	or Ave.	Inlon death 238, DATE :	occurred on the cosigned	

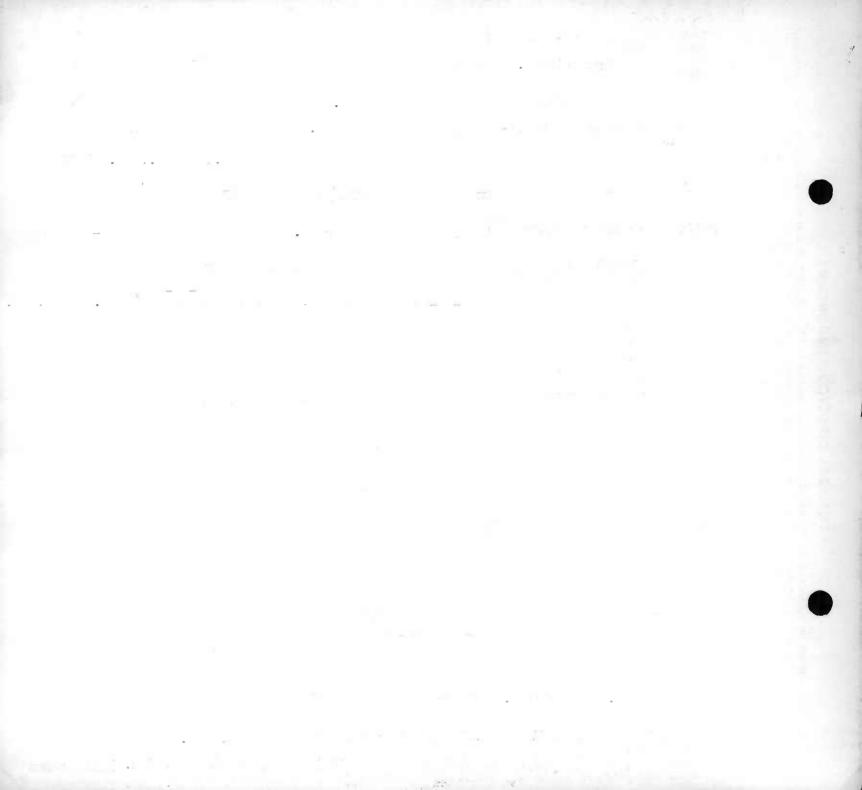
Robert E. Hallen M.D. Schimunek Funeral Home, MAR 15 VS 150-REV. 1/1/68

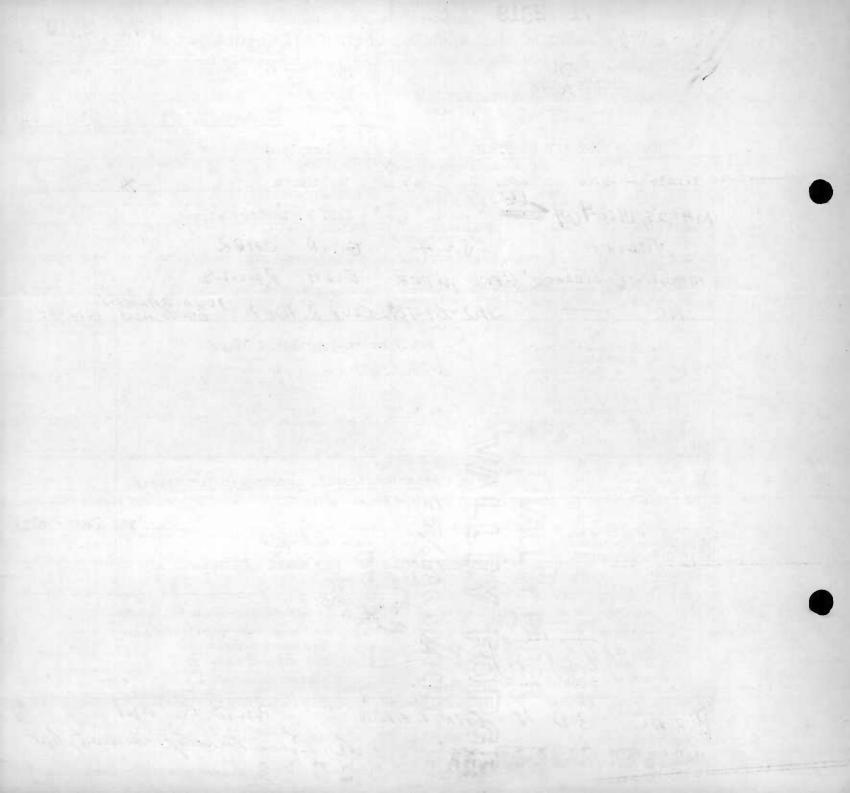


LEWIS BROKEN BE TEXTILE

a hospital and

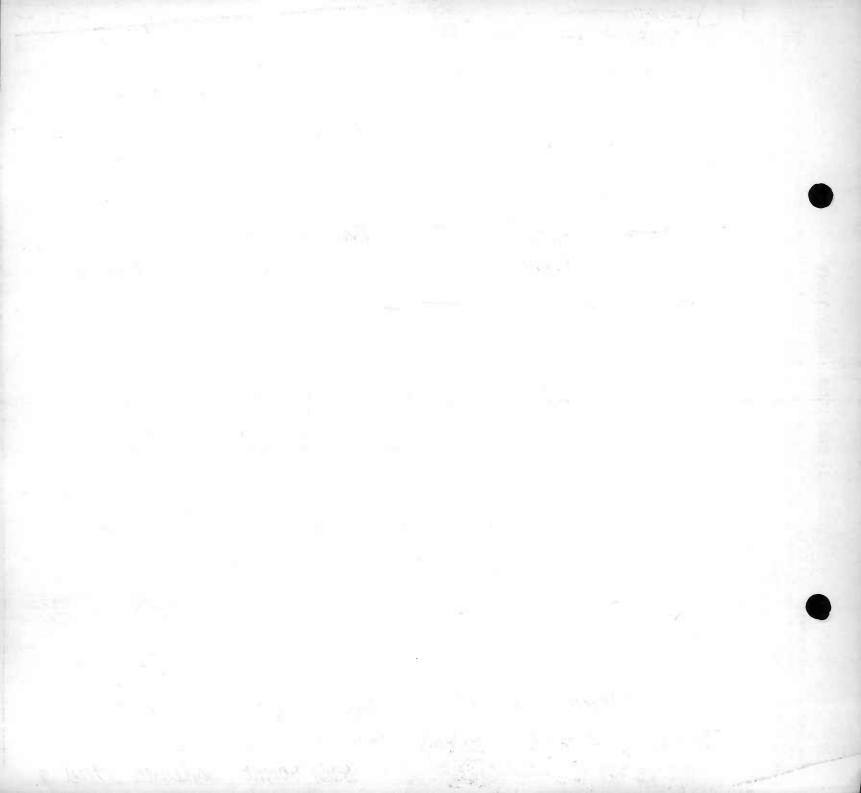
0 3			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	71	2518	C	TE OF DEATH		71 2518	
(Type or Print)				2. DATE	AND HOUR OF DEAT	Н	
	Katherine	e M. Ste	evens		3/10/71	1 9:15 P.	
3. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived, II	institution: sesidence before admission	
FULL NAME O HOSPITAL OR INSTITUTION	MITAL OR ADDRESS OF LOCATION			Md.		831	
CA	Edgewood 1	Viirging	Home	Polto			
70	245011004	Edgewood Nursing Home			P	YES NO NO	
				2805 Brendan Ave., Balto., Md. 21213			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Doys Hours Min.	
F	W	WIDOWED		2/10/90	87	Months Doys Hours Min.	
10A. USUAL OC	CUPATION (Give kind of wor	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stoto or	loreign country)	12. CITIZEN OF WHAT COUNTR	
	ol working lile, even if retired) machine operat	Gins	berg &	David			
13. FATHER'S NA		401 G1	nsberg	Penna.		PM	
				14. MOTHER'S MAIDEN	NAME		
	Sylvester Pojo			Anna	Brailer		
15. Was Decease	nd Ever in U. S. Armed Form) (III yes, give wor ar date	rces?	1 6. SOCIAL	17. INFORMANT	/ .	- ADDRESS	
no	yes, give wer at can	se di solvico/	SECURITY NO.	Edward B. Fie	Ide 2805 Pm	-Law) ADDRESS endan Ave., Batto. M	
18.	21 22		216-03-1736		105, 2009 DI	endan Ave., band. F.	
DISEASES ise to the UNDERLYIN OTHER SIGNITO THE DEA DISEASE OR OTHER SIGNITO THE DEA DISEASE OR OTHER SIGNITO THE DEA OR CONTRIB DEATH (notified)	LEADING TO DEATH nat mean the mode of , asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) IG CONDITION last, IFICANT CONDITIONS CO ITH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 19R CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examined	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR Y	(B) Letters DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in e.g., farm, factory, street, all	A CONSEQUENCE OF:	IN CERTIFYING CA	***************************************	
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)		Whi	le At While				
22. Leantify	y that (I) (this hospital						
			- 11	Jane	_19 <u>50_to</u>	Bear 10 19 71	
) last sow the decease				that in (my) (our) ap	inton deoth accurred on the dat	
and have an	nd from the causes stat	ed abave. (I) (We) (did) (did-not) vi	ew the bady after death	ia.		
23A. SIGNAT	URE	- (-		•		23B, DATE SIGNED	
7	seduish 1	1/1/1/	Atter	nding Med.	Staff Phys.		
23C. PHYSICI	AN'S	Volle	DEGREE		Phys.	3-11-71	
23C. PHYSICIA	Type)	-1- T T	1	3D. ADDRESS	-1- D -1		
	Dr. Frederi		DEGREE	6100 Yo	rk koad		
24A. BURIAL CRE	EMATION, 248. DATE	24C. NA	ME al CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)	
buria		71	Holy Redeemer				
	D BY HEALTH DEET.	250 MAAAE C	TYNT' TREMERIEL		Balto., Md.		
MAR 1	5 1971 Raka C	258-NAME O	120	Schimunek	Funeral Home	, Inc. 3331 Brehms	
VS 150-REV. 1/1/					Lane, Balto	* Md. 21213	





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

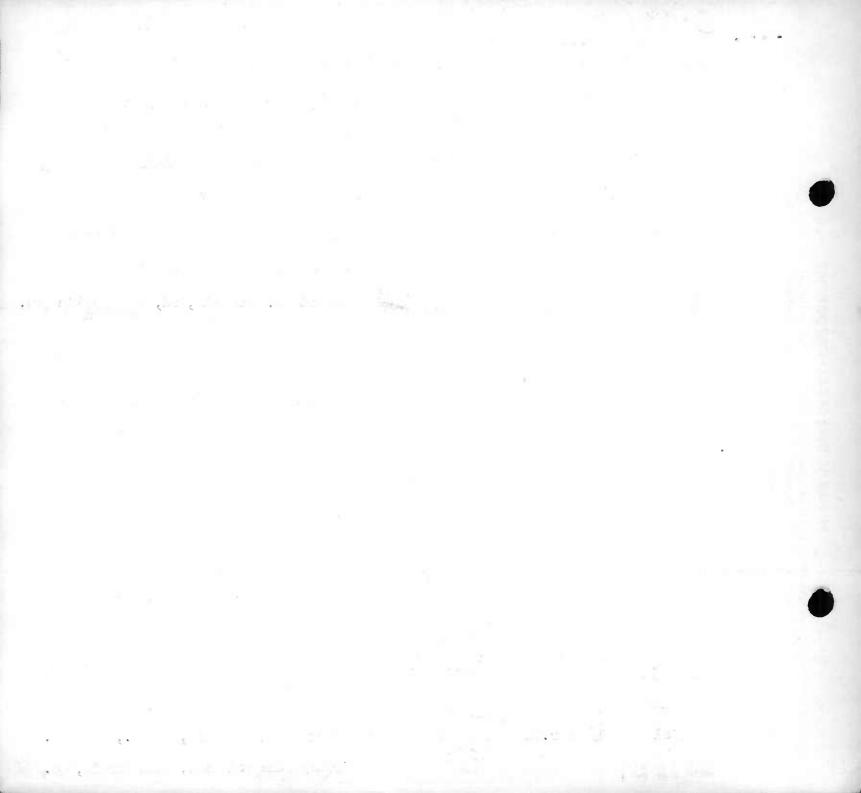
BIRTH NO) - 25 14 71 2520 CERTIFICATE OF DEATH REG. NO. 1250 A L. NAME OF OECEASED (Type or Print) L. NAME OF OECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCEO DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION FULL NAME OF ADDRESS OR LOCATION) INSTITUTION Sinai Hospital of Baltimore C.C. CITY OR TOWN Reister and Number Box 3 H Nico demus Rd # 36 S. SEX S. SEX S. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET IND. INSIDE CITY LIMITS? VES NO A No Ne 10A. USUAL OCCUPATION (Give kind of workflore, kind of workfl
Type or Print) 3. PLACE IN BALTIMORÉ, MARYLAND, WHERE PRONOUNCEO DEAD 4. USUAL RESIDENCE (Where deceased lived, Ill institution: residence before admission and the spital of path and path an
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) FULL NAME OF (IF NOT IN HOSPITA
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Sinai Hospital of Baltimore Sinai Hospital or Institution, Give Street Reisterstawn Sinai Hospital of Baltimore Sinai Hospital or Institution, Give Street Reisterstawn Sinai Hospital or Institution, Give Street Reisterstawn Sinai Rock Divide City Limits? Yes No X E. Street AND NUMBER Box 344 Nico demus Rei House Sinai Rock Divided Institution, Give Sinai Rock Rock Baltimore Reisterstawn No Age (In yeors II Under 14 tr. House 24 th Months; Doys Hours Min. Months; Doys Hours Min. Doys Hour
E. STREET AND NUMBER Box 3 Ht Nico Gemus Rd #36 5. SEX 6. RACE WIDOWED NEVER MARRIED NEVER MARRIED ON AGE (In years lost birthday) WIDOWED DIVORCED 2-8-71 30 days JOHNSON NO ne 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CURFIG To has a
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours Min. 10A. USUAL OCCUPATION (Give kind of working life, even if retired) None 12. CITIZEN OF WHAT COUNTY None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME REALLY ALL 10. AGE (In years 11 Under 1 VI. 12 Under 1 VI. 13. Months; Days Hours Min. 14. Mother's maiden Name 14. MOTHER'S MAIDEN NAME 15. ALL 14. MOTHER'S MAIDEN NAME 15. ALL
WIDOWED DIVORCED 2-8-71 OST DITTINO() 10A. USUAL OCCUPATION (Give kind of work) 10B. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (Stote or foreign country) None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CURFIG JEANSON ROOMED DIVORCED 2-8-71 OST MOINT NOT BUSINESS OR INOUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DIANE REALINAL
10A. USUAL OCCUPATION [Give kind of work 108, KINO OF, BUSINESS OR INOUSTRY 11. BIRTHPLACE (Stote or foreign country) None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CURFIG JEHNSON REALLY ALL
Curfic Johnson Plane Brawn
13. Was Deceased Ever in U. A Armed Forces?
Thes, no of unknown I II yes, give wor of doles of service) SECURITY NO.
NO NO Sinai Hospital
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head failure, asthenia etc. it means the disease. DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
injury or camplication which caused death.) ANTECEDENT CAUSES Congestive Least failure
DISEASES OR CONDITIONS, if any, giving nise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) INUITIELE CONG. (c) INUITIELE CONG. (d)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OEATH Inolify medical examined 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE OID home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME IMonth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
22. I certify that (14 (this hospital) attended the deceased fram 3-8. 19 7/ to 3-10 19 7/
that N (we) last saw the deceosed alive on 3-10 19 21 and that in (my) (aur) apinian death occurred on the day
and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE 23B. OATE SIGNEO
CKOYAN T- Fee , m. Ll - DEGREE Phys. Director Phys. B 3-10-71
23C. PHYSICIANS NAME (Type) ChoyAN T. Lee MO 23D. ADDRESS (1) 11 11 12
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Stote)
25A. DATE REC'O BY HEALTH OPPT. 25B. NAME OF REGISTRAR, 25C. FUNERAL DIRECTOR AOORESS
WAR 15 191 Pole E Falley MD D Hary Holght Lykseville Md.



IMPORTANT

FUNERAL DIRECTOR:

M-6511 BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 71 2521 CERTIFICA	ATE OF DEATH REG. NO. 11 2521
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
LELWWORTH F. IVIARSHA	LLINRO 12 March 71 16 A
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: lesidence before admission A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. AMMEARIANEL 516
INSTITUTION ADDRESS OR EOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1228, GREENE SI.	GLEN BURNIE YES NO
BALTO, Md. 21201	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	922 BALTO CANNAPOLIS BLVD 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year, If Under 24 H)
WIDOWED DIVORCED	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
CLEVATOR MECH OTIS ELEVATOR	e Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELLSWORTH F. MARSHALL	HATEL P. GLLIS
15. Was Deceosed Ever in U. S. Armed Farces? [Yes, no or unknown] (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO6/19	17. INFORMANT ADDRESS
100.	Ellsworth F. Marshall, 3rd, 8249 Bodkin Ave
18. CAUSE OF DEA	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	POXIA WEARTERU BETWEEN ONSET AND DEA
LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CA	OXIA, NEARTFAIL 30min
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	MMMIC. WEITPATE 7 days
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
underlying condition last. (c)	NCHOGENIC CARCINOMA 9 Ms.
7 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED A O A C	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	100.
OR CONTRIBUTING CAUSE OF CAUSE	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (II In Boltimore City, give exact location)
21D-TIME (Month) IDoy) (Yeo) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY (APPROX.) While At Work At Work	le 🗔
22. I certify that (1) (this hospital) ottended the deceased from	5/1/71 197/ to /2MARCH 197/
that (1) (we) last saw the deceased alive on 12 M and	
and hour and from the causes stated above (1) (We) (did (did not)	view the bady ofter death.
23A. SIGNATURE	23R DATE SIGNED
DECORE Phy	ending Med. Stoff 12 March 71
	23D. ADDRESS
PLANCIS BARTEK DEGREE	UNIV OF MY HOAD, BALTO, MY 'S LE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CR	total total
Burial 15 Ma r.71 Glen Haven Mem	orial Park Glen Burnie, AA Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAR 15 1971 Valley & Salley * 2. 1	Kirkley Fune ral Home, Glen Burnie, Md.

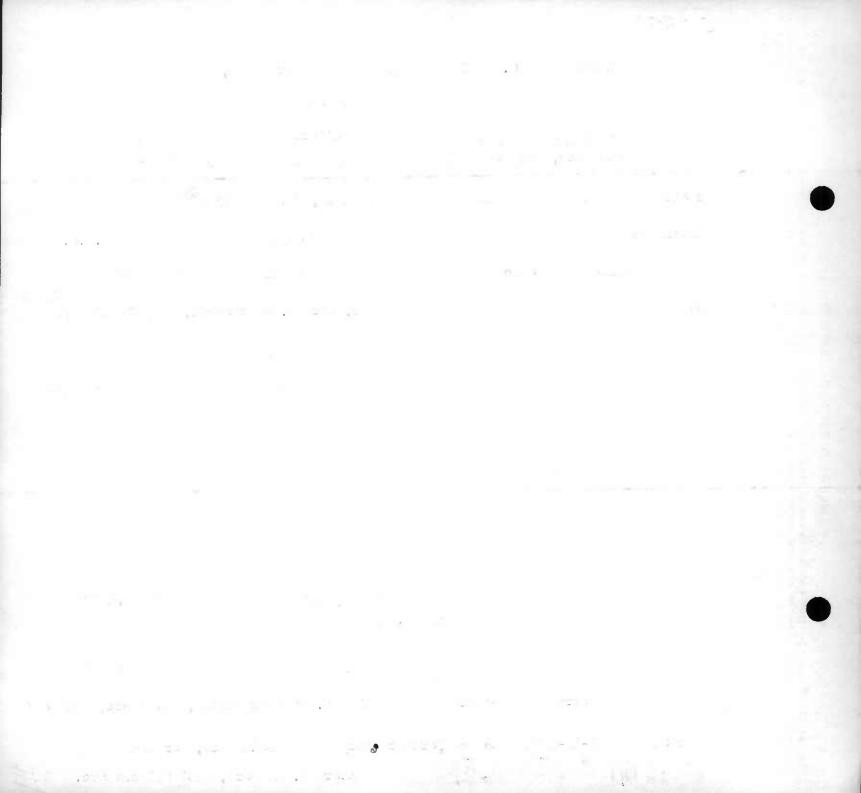


1-100) 171	2002	BALTIMORE CITY	HEALTH DEPARTMENT	1	71	252	2
BIRTH NO.	1	2522	CERTIFICA	TE OF DEATH	REG. NO			
1. NAME OF DE	CEASED	ERT L	IEF	2. DATE	AND HOUR OF DEA	ATH	1:25	PM
3. PLACE IN BA	ALTIMORE MARYLAND	WHERE PROHOL	INCED DEAD		UNTY	If institution; resi	idence before ad	mission)
FULL NAME OF HOSPITAL OR	F (IF NOT IN HO ADDRESS OR L	SMITAL OR INSTITU	JTION, GIVE STREET	PENNSYLVA C. CITY OR TOWN		INSIDE CITY LIM	V - 3	6
5 3TH	e loune l	JOBKINS	HOSPITAL	MEYERSDAL		YES 🗌	Мо 🖂	
3-514	E OUTRO	, or k tho		E. STREET AND NUMBER				
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	Yr. If Under	24 Hrs.
MALE	WHITE	WIDOWED	DIVORCED	3-3-96	lost biringoy)	75	70/3	141116
	CUPATION (Give kind of working life, even if refi		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZE	N OF WHAT C	OUNTRY?
Retired	The second second			Pennsy	lvania	U	.S.A.	
13. FATHER'S NA	AME			14 MOTHER'S MAIDEN	NAME			
Augu	ISTUS LI	EF		NORA R	YAN			
15, Wee Decease (Yes, no or unknow	nd Ever in U. S. Armed vn) (If yes, give war or	forces? dates of service)	SECURITY NO.	17. INFORMANT		Main St		
Yes	WWI			Price Funera	1 Home, Me	yersdale		
18.	61/1		CAUSE OF DEAT	H 4 /		36	APPROXIMATE IN	
DISEA	ASE OR CONDITION LEADING TO DEA			May long	Eleno inter	tom	3mos	\
(This does	not mean the mode	of dying, e.g.,	(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:	wiger	-	2000	
	e, asthenia, etc. If me complication which car		_		,			
	ANTECEDENT CAU	ISES	4-3					
DISEASES	OR CONDITIONS,	Il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				1000000
	the above cause NG CONDITION last		(c)					
	11	•	(0)					
OTHER SIGN TO THE DE	IIFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TERMINAL	444200000000000000000000000000000000000					
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF 21A. ACCID	OF OPERATION 198 WAS	CONDITION FOR V	WHICH OPERATION	20A AUTOPSTR (Yes o	No. 208, IF YES, W	ERE FINDINGS C	ONSIDERED EATH?	
DEATH (not	ENT WAS UNDERLYING CAUSE OF	21 8, hom	PLACE OF INJURY (e.g.,	in or obout 2NC. WHERE DIS	(If In Bol	timore City, give	exoct focotion)	
21D. TIME OF INJURY	(Month) (Doy) ()	(ear) (Houd) 21 E	INJURY OCCURRED	215 HOW DID	INJURY OCCUR?			
OF INJURY		Whi	Not Whi					
22. 1 certif	fy that (i) (this hos		-	3/5		-3/10	19	7)
	e) last saw the dec		2/9	1	that in (my) (our)	opinion death		
	. 0) (Was (did hald mas)	view the body ofter dea	•			
23A. 5IGNA		1	7 (110) (010)	view the body offer ded	1110	23B, DATE	SIGNED	
	(Coulet	Harris !	/// / / DL.	ending Med.	Staff Phys.	رد	110171	
23C. PHYSIC NAME	IAN'S (Typel)	1 C	DEGREE PI	23D. ADDRESS	[]		1011	3)
24A. BURIAL C	REMATION, 248 DAT	E 24C.N	ME OF CEMETERY OF CH		LOCATION	City, town, or	county)	(Stote)
Buria		1971 St	. Philip & Ja		Meyers dale,	Pennsy1	vania	
	D'SY HEALTH DEPT.	1 - 25B NAME S	F, REGISTRAR	25C. FUNERAL DIREC		2 Cilib y I	ADDRESS	
MAR 15		E Barbay		Howard H. H		7 Wilken	s Ave. 2	1229
VS 150-REV. 1/	1/68							

.T. IEDI

BIR	7-25. TH NO.		252	3 CERTIFICA	TE OF DEA	TH REG. NO	71 25
	AME OF DEC	IRENE	C.	FICENIMACHED		ATE AND HOUR OF DEAT	H
3.	PLACE IN BALT	TIMORE MARYLAND, V		EISENNACHER	Ma. USUAL RESIDENC	rch 11, 1971 E (Where deceased lived, If	institution; residence before
	LL NAME OF				Maryland B.	COUNTY	256
HC IN:	SPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
		4029 Wilker	ns Avenu	Δ.	Baltimore		YES NO
6	0	Baltimore,			E. STREET AND NUM	ABER ens Avenue	
5. \$	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Und
F	emale	White	WIDOWED		1000	last birthdoy)	Months Days Haurs
IOA	USUAL OCCU	JPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTR	June 19, 189	7 73 or loreign country)	12. CITIZEN OF WHAT
	Housewij	warking life, even if retired) Fe			Moss	11	
	FATHER'S NAM				14. MOTHER'S MAID	yland EN NAME	U.S.A.
		William	Dailey		Cati	herine Conwa	
15. 1	Nos Deceased	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT	herine Conwa	ADDRESS
	No	ill yes, give war or box	es al servicei	SECURITY NO.	Mrs. Cossil II	E4	//05 6
	18. // /	2.9		CAUSE OF DEA	H Carl H	. Elsenacher,	4405 Scotia Roa
	DISEAS	E OR CONDITION DI	RECTLY				BETWEEN ONSET
		LEADING TO DEATH of meen the mode of		(A) IMMEDIATE CA	USE CORONARY	OCCLUSION	IMMED I.
	heort failure, o	aslhenia, elc. Il means plicalian which caused	the disease,		A CONSEQUENCE OF:		
		ANTECEDENT CAUSES		ARTERI	O SCLEROTICE	HEART DISEAS\$	2 yea:
		R CONDITIONS, II		(B)OR A	A CONSEQUENCE OF:		
	rise to the	abave cause (A) CONDITION last.					
	ONDEREING			(C)	*************		************
	TO THE DEATH	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	*****************	*****************************	***************************************	
	19A-DATE OF	OPERATION 198 CON WAS PER	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examines	21 B. hom etc.)	PLACE OF INJURY (e.g., e, larm, foctory, street, c	in or obout 21 C. WHERE ffice bldg., INJURY OCC	DID (II In Baltimo	ore City, give exact location)
MEDI	21 D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
2	(APPROX.)		Whi	ile At Not Whi	le 🗆		
				ne deceased from F			rch 11,1971 19
	that (l) (we)	last saw the decease	ed alive an	March 10,1	971_19	and that in(my) (aur) ap	inian death accurred on
	and have and	from the causes sta) (We) (did) (did nat)			
	23A. SIGNATUI	RE (o le	029410.			23B. DATE SIGNED
	- V	will be	are	DE GREE Phy		Shaff Phys.	3/12/71
	23C. PHYSICIAN NAME (Ty	N'S (pe)	D-		23D. ADDRESS		
24 4	BUDIAL COT	Harry		eibel DEGREE			Baltimore, Mary
24 A	REMOVAL (S			ME of CEMETERY of CR	EMATORY	24D. LOCATION (C	City, tawn, or caunty)
25.4	Burial	3-15-1		oudon Park Cer		Baltimore, Ma	ryland
ιJΑ	MAR 15	1971 Och . B	E. Jacke	KO O	Howard H.	нивыетов Hubbard, 4107	Wilkens Ave.
5	50-REV. 1/1/6	8					

21229



BIR	B-530	71	2524		Y HEALTH DEPARTMENT		71 2524
	AME OF DECE		DODE	RT MC CLAIN		AND HOUR OF DEATH	71 . ()
3.	PLACE IN BALTI	MORE MARYLAND, W				ARCH 11, 19	nstitution: tesidence before odmission)
,	TEACE IN SALII	MORE MARIEMAD, W	HERE PRON	OUNCED DEAD	A. STATE B. CO	YTAUC	nstitution: lesidence belole odmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	MARYLAND	CITY	212292000
IN:	STITUTION				BALT I MORE	D. INS	SIDE CITY LIMITS?
1	10	ST. AGNE	C LIOCI	IATIC	E. STREET AND NUMBE		YES NO .
1		SI. AGNE.	2 11031	TIAL	146 IRVING		
5. 5	SEX 16	. RACE	7. MARDIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr If Under 24 Hrs.
	MALE	WHITE	WIDOWE		07 28 07	last birthday	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A				OF BUSINESS OR INDUSTRI			12. CITIZEN OF WHAT COUNTRY
don	e during most of wo	orking life, even it retired)			110 51111111111111111111111111111111111	totalgii couliny/	12. CHIZEN OF WHAT COUNTRY
		OPE RAT OR			MARYLAND		U.S.A.
13.	FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
	MARION	BENNETT			ANNA (GRUBER	?)	
5. Yes	Was Deceased E	ver in U. S. Armed For If yos, give wor or doto	cos?	1 6. SOCIAL	17. INFORMANT	MC AVEC DA	ALTO., MD. 21229
	YES	WW2	- or autico/	SECURITY NO.			
_	18.	74 44 2		CAUSE OF DEAT	ST. AGNES H	TUSTITAL KE	APPROXIMATE INTERVAL
ATION	rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	CONDITIONS, if abave cause (A) CONDITION last. ANT CONDITIONS COLUMN CONDITIONS COLUMN CONDITIONS COLUMN C	Stoling the	(c)(v) tes	A CONSEQUENCE OF:	te coran	f.des
	DISEASE OR CO	OPERATION GIVEN IN PAR 198. CON WAS PER	T 1 (A).	***************************************	20A-AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING CAUSE OF] 21 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, o	n or obout 71C, WHERE DIE	Q (If in Boltimo	re Cliy, give exact location)
0	21D. TIME (Month) (Doy) (Year)		E INJURY OCCURRED		INJURY OCCUR?	
3	(APPROX.)			/hile At Not Whi	• 🗌		
	22. Lcertify th	hat (1) (this hospital	1	the deceased from MA			ARCH 11 19 71
- 1	(.).	ast saw the decease			- 4		Inion death occurred on the date
1	1 / .			() (We) (did) (did ho)		•	accus occutted oil the dole
	23A. SIGNATURE		Ta and va.	(tal (ala) (ala mot)	new the bady after deat	In•	23B, DATE SIGNED
A	10110	au and de	1 len	1/ Ath	ending Med.] Shaff [11 1/22/ 1
1	23C, PHYSICIAN	ince !	Me	LO PEDERETTO	23D. ADDRESS S	Phys.	11/1000cs 11
1	23C. PHYSICIAN NAME (Typ	E R GALLAG	EDV	U	CATON & WIL	KENG AVEC	PALTO MD 2122
24.	LAURENC			DEGREE		NENS AVES.	BALTO., MD. 2122
24A	REMOVAL (Sp	ATION, 24B DATE	24C.1	NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (C	ily, town, or county) (Stole)
7	PURIA	4 3/15/	71/1	TEADON RI	DGE /	HOWARD	Co. Md
25A	DATE REC'D B	Y HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC		Level & ADDRESS
Ne.	AR 15 1	M Vale & E	Your	M.D. O. O.	o End Michael	5 pelo	me wire

. . Carlot & Maril

VS 150-REV. 1/1/68

Tare is Secured.

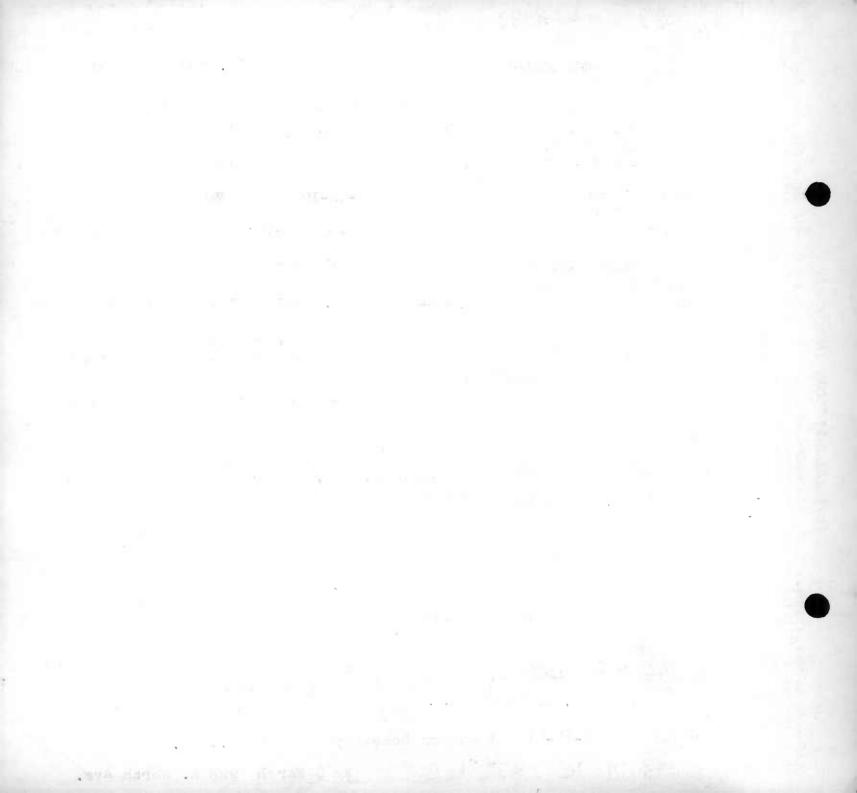
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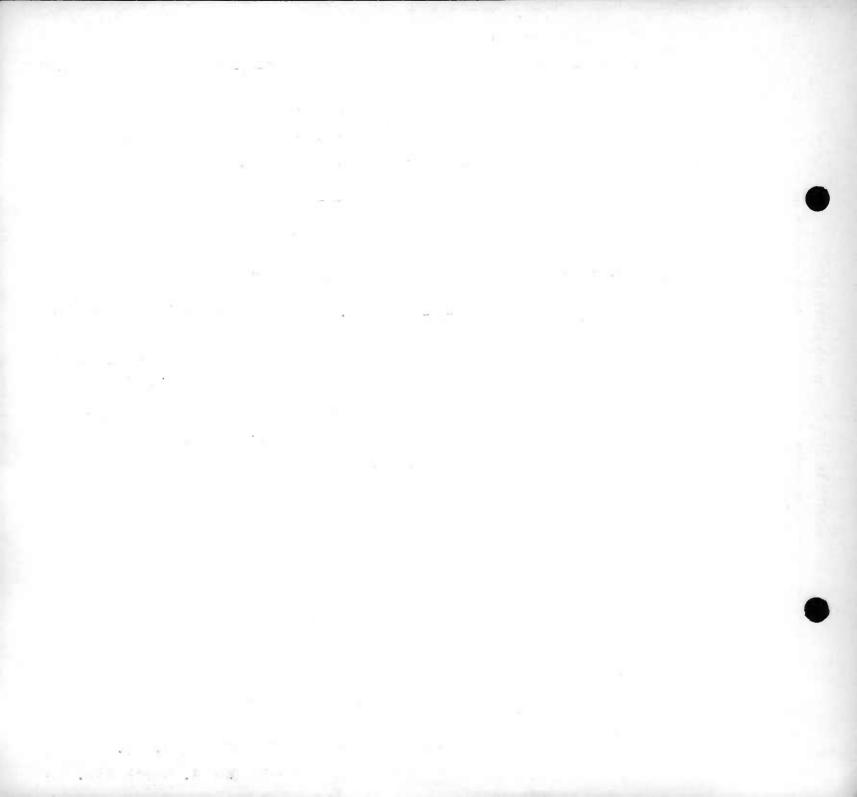
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
in a hosp g cause of suse; (5) I frendance or to dea	
ntributing rmined co egular a ssed prio	
if death of the control of the december of the	
the dire y kind; (4 d death ance on t	
r or his a from his of an oncounced r attended or almed or almed or	
examine examiner 3) A fract who pr who pr n regula	
medical burns; (physician an was i	
the chief all by a chief all by a chief ch	
roved by he hospit by nature xcept wh and (6) N btained b	
st be appased to the fart of arrows postial (edeath); and must be o	
was relevant An accid	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cwas D.O.A. at a hospital (except where the physician who pronounced death was in regular decased prior to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.	

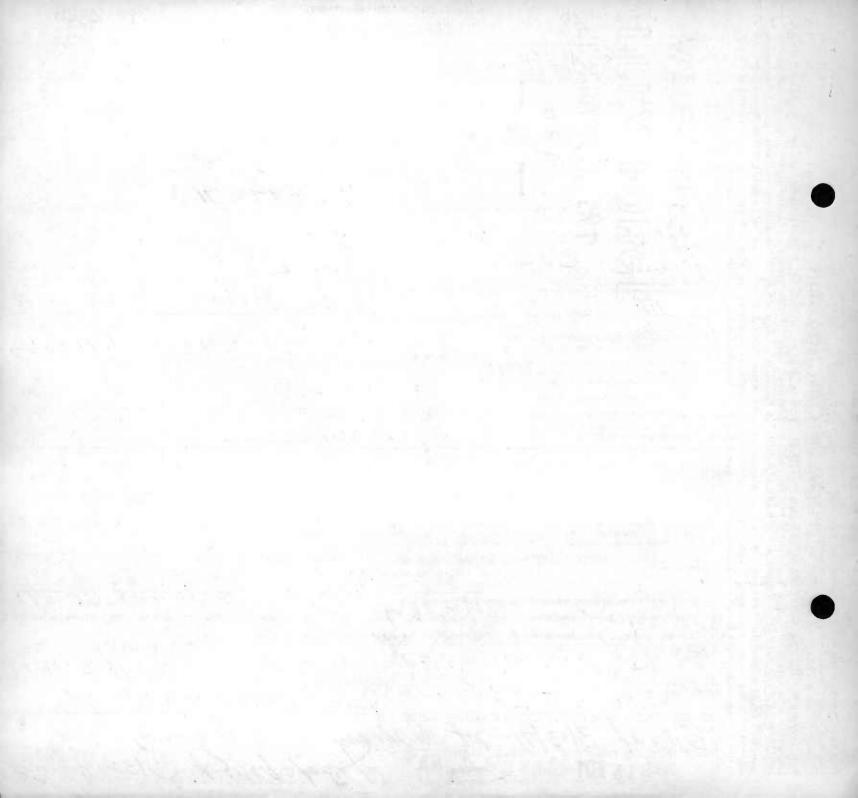
BIRTH N	-460	71 8	526		HEALTH DEPARTMENT		71	2526
1. NAME	OF DECEASED					AND HOUR OF DEATH		
		Etta Mi	ller		Mar	ch 10, 1971	1	3:15 P
3. PLAC	E IN BALTIMORE,	MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived, If in	nstitutions resid	ence befare admissia
FULL NA HOSPITA INSTITUT	11014			UTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore C	ity	2506
		View Nu		enter	Baltimore	D. 1143	YES 🔀	иоП
91		ight Str			E. STREET AND NUMBER	R	100	
5. SEX		ore, Mar			31/13 Chesse	11 Courts		
Fema		ro	WIDOWED		8-28-1900	9. AGE (In years last birthday)	If Under 1 Months Day	Yr. If Under 24 Hr ys Haurs Min.
IOA, USU	AL OCCUPATION	Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or	fareign country)	12. CITIZEN	OF WHAT COUNT
Dome	stic	, even is relired)			North Carol	ina		ed States
3. FATH	ER'S NAME				14. MOTHER'S MAIDEN	AME		
		y Perki			Mariah Brown	n		
5. Was (Yes, na ar	Deceased Ever in U runknawnt (If yes, s	. S. Armed For	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
No			4	215-05-6290	Mrs. Novell	a Miller 3	13 Ches	sell Court
18.	4194	1		CAUSE OF DEATH		74		PPROXIMATE INTERVAL
Dise	does not mean foilure, astherio, or camplication ANTECED ASES OR CONE to the abave PERLYING CONDI	elc, II means which caused ENT CAUSES DITIONS, if a cause (A)	the disease, death.)	(B)DUE TO, OR AS	Generalized A	SCVD		Years
OTHE	R SIGNIFICANT CO HE DEATH BUT NO 1SE OR CONDITION	II NDITIONS CON	E TERMINAL	Edentulous	Catar , Deaf, Emucl	act of Left E eation of Rt		Years
DISEA 19A. D	DATE OF OPERATION	WAS PERF	DITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE F	INDINGS COLUSES OF DEAT	NSIDERED FH?
OP C	ACCIDENT WAS U ONTRIBUTING C H (notify medical e	NDERLYING AUSE OF	218, home etc.)	e, torm, toctory, street, off	or about 21 C. WHERE DID	(II In Boltimore	City, give exa	oct focotion)
DEAT 21D.T OF IN (APPR	JURY	(Doy) (Year)		INJURY OCCURRED Re At	21F. HOW DID II	NJURY OCCUR?		
22. 1	certify that (1) (hts hospital)	attended th	e deceased from F6	bruary 26	19 71 to Marc	h 10	1971
that ((1) (we) lost saw	the deceased	olive on	March 10	777	that in (my) (our) opin		
and h	naur and from the	causes state	ed abave. (1)	(We) (did) (did)চুকুই vi	ew the body after death			
	10.	7/ /		Atten	ding Med.	\$ F. II	23B, DATE SIG	
23 C. P.	HYSICIAN'S IAME (Type)	hemste	in, M.	DEGREE	D. ADDRESS	Staff Phys.	March	11, 1971
		er H. Rh	einstei	n, M.D.		ark Avenue	27207	
A. BURI	AL CREMATION,	24R DATE		ME of CEMETERY OF CREA		ore, Maryland	, lown, or cou	nty) (State)
Bur	ial	3-13-7					, wait of con	,, (3101e)
	E REC'D BY HEALT		25B NAME OF	Auburn Come	25C. FUNERAL DIRECTO	alto., Md.		Control
MAT	R 1 5 1071		3a.O.	No C Dak	Wm C Mare		1 1 2	DDRESS VO



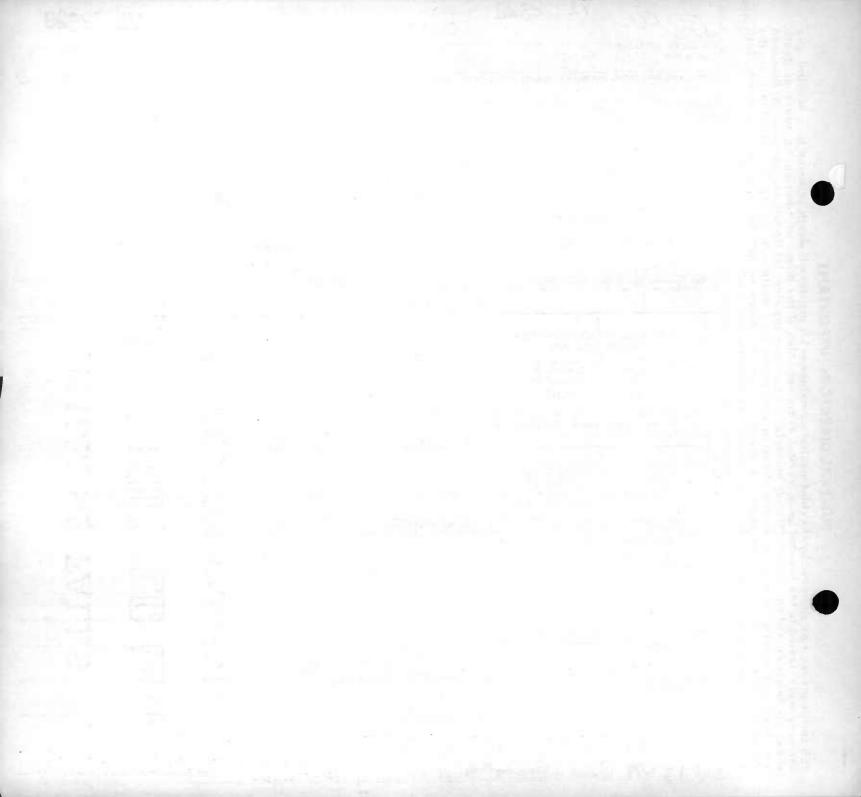
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

-	-6.6)		BALTIMORE CITY	HEALTH DEPARTMENT		74 0-00
BIRTH NO.	20 73	L 2527	CERTIFICA	TE OF DEATH	REG. NO	71 2527
I. NAME C	F DECEASED				AND HOUR OF DEATH	
(Type or Pri	" Mary Esther	Tomes			-11-71	1:30 P
3. PLACE	N BALTIMORE, MARYLAN	ND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If i	nstilution: residence before admission!
FULL NAM	OR ADDRESS OR	OSPITAL OR INSTIT	UTION, GIVE STREET	Maryland	-	15/1
INSTITUTIO	N	COCKHON		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
40				Baltimore E. STREET AND NUMBER		YES X NO
Bolton	Hill Nursing	& Convale:	scent Center	4013 Bereva	Rd.	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Under 24 Hrs. Months! Doys Hours Min.
Femal	e Negro	WIDOWED]	DIVORCED _	10-7-1883	losf bishdayl 87	Months Doys Hours Min.
done during	OCCUPATION (Give kind on nost of working life, even if re	of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	1			Virginia		
13. FATHER	SNAME			14. MOTHER'S MAIDEN N.	AME	
W113	iam H. Ster	vens		Patsy Upshe	r	
15. Wes Dec	eased Ever In U. S. Arme known) (If yes, give war a	ed Forces? or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			213-50-2971	Mrs. Vashti	Morgan 401	.3 Bareva Rd.
18.	50171		CAUSE OF DEATH	1	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ε	ISEASE OR CONDITION			1 1		BETWEEN ONSET AND DEATH
(This d	oes not mean the mod	e of dving ea	(A) IMMEDIATE CAU		lagemetro	de 1/20/71
heart fo	ilure, asthenio, etc. It m r camplication which co	some the dience	DUE 10, OR AS	CONSEQUENCE OF:	The way	Lugare
,,	ANTECEDENT CA		0	1 +	a way	
DISEAS	ES OR CONDITIONS,		(B) DUE TO, OR AS	A CONSEQUENCE OF:		July)
rise i	the abave cause	(A) staling the		6	2. 6 1	
UNDER	LYING CONDITION los		(c) 2000	recent c	an au	our yeur
OTHER S	II IGNIFICANT CONDITIONS	CONTRIBUTING				
TO THE	DEATH BUT NOT RELATED OR CONDITION GIVEN IN	TO THE TERMINAL	***************************************			
OTHER S TO THE DISEASE 19A. DA	E OF OPERATION 198.	CONDITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
214 46					IN CERIIFIING CA	USES OF DEATH?
OP COL	CIDENT WAS UNDERLYI		PLACE OF INJURY (e.g., in b, form, factory, street, af	or obout 21 C. WHERE DID	(II in Boltimor	re City, give exoct locotion)
U	notify medical exomined	elc7				
OF INJU	RY		e Al TI Not White	21F. HOW DID IN	JURY OCCUR?	
(APPRO)		Worl	At Work			
22. I ce	rtify that (1) (this has	plfal) attended th	e deceased fram	3//	19 /ta	3/1/1971
	(we) last saw the dec		3/11	19	hat In (my) (our) api	nian death accurred an the date
and has	r and from the causes	stated above. (1)	(We) (did) (did nat) vi	ew the bady after death.		
23A. SIG		2		4.	1110000	23B. DATE SIGNED
22.0	0/11/	acas >	DEGREE Phys.	ding Med.	Staff Phys.	3/12/77
	ME (Type)	- 1	2	3D. ADDRESS	54	
	9xLAN H	MACAT	DEGREE	2 F seed	V Bl	Lan shor
Z4A. BURIAL REMO	CREMATION, 248. DAT	24C.NA	ME of CEMETERY of CREA	MATORY 24D. L	OCATION (C	ly, town, or countyl (State)
Buris		6/71 St	Thomas Ceme	tery Ra	ndallstown	n. Md.
MAD 1	EC'D BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIRECTO	t	ADDRESS
His His T	a water manch	Ca Vaccion		Wm CoManch	8 928 E. 1	North Ave.





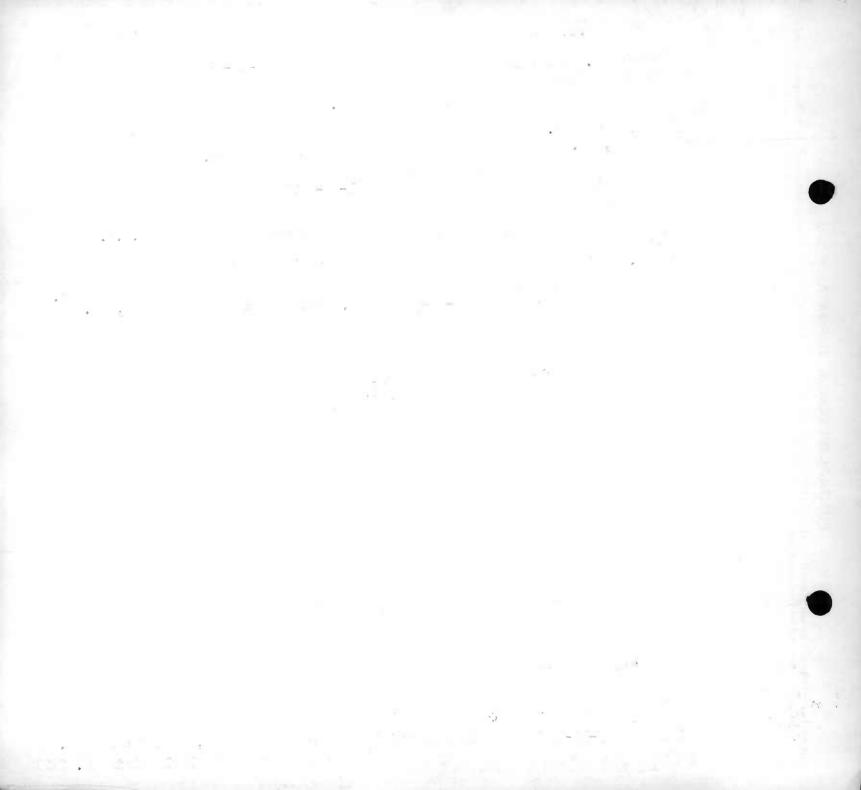
0	71 /1	2529	BALTIMORE CITY	HEALTH DEPARTMENT	137	191.4	0.400
BIRTH NO.	200	0/90	CERTIFICA	TE OF DEATH	REG. NO	/1	2549
1. NAME OF (Type or Print)		PICH		2. DATE A	NO HOUR OF DEAT	H Pho I	7.00
3. PLACE IN	BALTIMORE MARYLAND, WI		CED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived. If	institution; resid	ence before admission
FULL NAME	OF UE NOT IN HOSPITA			A. STATE B. COU	WARREN	V	- 35
HOSPITAL OF	OHNS HOPKINS It			C. CITY OR TOWN WARREN		YES TO	rs? No □
1	BALT, M.D.			E. STREET AND NUMBER	35 1/2007/	- n	,
S. SEX	6. RACE	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , If Under 24 Hr
M	CALIC.	WIDOWED	DIVORCED	08/30/51	last birthday	Months Do	ys Hours Min.
OA. USUAL C	CCUPATION Give kind of work	IOR KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Slote or for	reign country	12. CITIZEN	OF WHAT COUNT
Jone during mo	st of working life, even if refired)			PENN.		1	S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NA			
F	RANK RICH	•		LYDIA	MONTI		
5. Was Decer	used Ever in U. S. Armed Force lown) lif yes, give war or doles	es?	SOCIAL	17. INFORMANT			DDRESS
NO		/4	SECURITY NO.	OR. ALAN F.	IEZHS	601 N	BRODERY
18.	9941		CAUSE OF DEAT	H			PPROXIMATE INTERVAL
DIS	EASE OR CONDITION DIRE	CTLY		1 11	0		WEEN ONSET AND DEA
	LEADING TO DEATH		(A) IMMEDIATE CAU	ISE Poricardial	amsons	do	Ihr.
heart fail	es not mean the mode of ours, asthenia, etc. It means t	dying, e.g.,		A CONSEQUENCE OF:	1	3	
Injury or	complication which caused	death.)	a	, ,	,		
	ANTECEDENT CAUSES		(0)	remea			3 month 50
DISEASES	OR CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	, ~	*************	
UNDERLY	the above cause (A) in CONDITION last.	staling the	(c) Ol	structive /1	rofalhy		17yrs.
	ıı.		\\/	·····			
OTHER SIG	NIFICANT CONDITIONS CON	TRIBUTING					
TO THE D	EATH BUT NOT RELATED TO THE	TERMINAL	**************				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
OTHER SIGNATURE OF THE DISEASE OF TH		TION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
OR CONY	DENT WAS UNDERLYING DENDUTING CAUSE OF Offy medical examined	21 B. P.L. home, i	ACE OF INJURY (e.g., in arm, foctory, street, of	n or obout 21C. WHERE DID	(If In Boltime	ore City, give ex	act focotion)
OF INJUR	(Month) (Doy) (Year)	(Houd 21 & (N.	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)	7 - 1 - 5 - 3	While /					
22 1	Mr. 45-4 /1\ /4! ! 1\		At Work	2 ///	- 11	1	
	ify that (1) (this beenital)		eceased from	21/67/	19 7/ to 3	<i></i>	19
	we) last saw the deceased		7////	19and ti	hat in (my) (ess) ap	Inlan death a	occurred on the da
	and from the causes state	d above. (I) (¥	(did) (did hot) v	lew the body after death.		April 1 January 1 of the	
23A. SIGN	01. 1 1	,	14	40 4		23 B. DATE SI	GNED
(Wen & Field	M	DEGREE Phys	nding Med. Director	Stoff Phys.	3/1	1/7/
23C.PHYSI NAM	E (Type)	ELDS	2	3D. ADDRESS 601 A	V. BLOADL	-Au,	
4A. BURIAL	PEMATION 2/8 DATE		of CEMETERY OF CRE	MATORY 240. I		City, town, or co	unty) (State)
REMOVE	(L (Specify)	7/ 17. 6	SEPA'S Come		AKREN, FR		v/i isiute/
SA. DATE RE	C'D BY HEALTH DEPT. 2	5B. NAME OF R					
MAD 4 =	1071 02.88	7. 0. 101		25C. FUNERAL DIRECTOR	RAL HAMES ES	CUA	ASSESS, PA,
MAK 15	1400en 4		000	20172,140	1 COTZ-16	EKMILYEA	FUNERA HOL
\$ 1 50 per							



IMPORTANT

FUNERAL DIRECTOR:

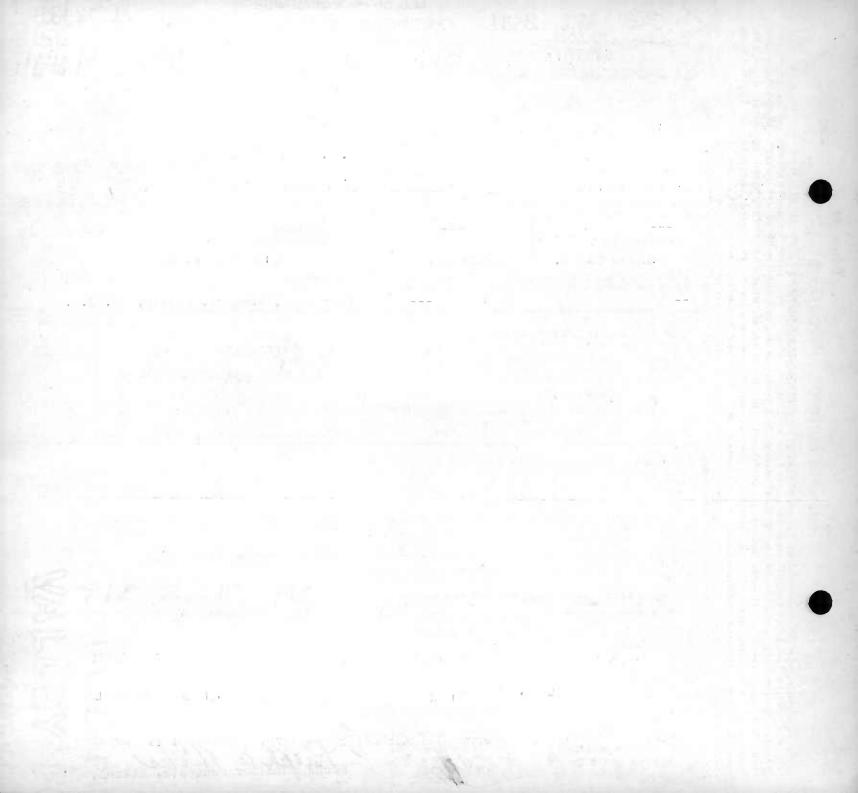
	9-421	5	perco di		BALTIMOR	E CITY HEAL	TH DEPARTME	ENT		pag g		
	RIH NO.		71	2530	CERTIF	ICATE	OF DEA	TH	REG. NO		253	0
1. (T)	Pint Ma	ASED	Schle	25000			2. D	ATE AND HOU		н	1	
3.	PLACE IN BALL	IMORE MA	BYLAND V	Ager.	OUNCED DEAD		HAL OF CLOTHE	3-12-1	.971		1. A	
		THE RES INIA	KILMID, W	HERE FROM	TOUNCED BEAD	110.01		COUNTY	sed lived, If	institution: re	esidence befara a	odmissi
н	JLL NAME OF OSPITAL OR	(IF NOT	IN HOSPIT	AL OR INST	TITUTION, GIVE STREET		d.				274	5
IN	3417 P					IIC. CIT	Y OR TOWN		D. IN	ISIDE CITY LI	IMITS?	
1)	Beltin	nore, M	MVE.	206			Baltimor			YES 🄼	NO 🗌	
_				.200		E. 311	3417 Pin	ewood Av	e.			
		6. RACE Whit		WIDOWE	D NEVER MARRIE		E OF BIRTH -16-1922	last birth	(In years	If Under Months	T Yr. If Under	er 24 H Mîn.
dar	ne during most of w Bendi	othing me, eve	kind of work in if retired)		of BUSINESS OR IND	USTRY 11. BIR			iry)		ZEN OF WHAT	COUNT
13.	FATHER'S NAM			ASSE	mora -Tue	14 14	Baltim			U.S.	.A.	
	Hilliam V		en			14. M	Pauline	e Fauth				
5. Ye:	Wos Deceased I s, na of unknown)	ver in U. S.	Armed Force	es?	1 6. SOCIAL	17. INF	ORMANT		-1		ADDRESS	
	no	,			215-12-12		Frank S	Schlosser	341	/ Pinev	wood Ave-	201
_	18. / 7	4 × 1			CAUSE OF	13.5) II OUID, L	JOHL TOP 26	r pal.	LIMOTE,	Md. 212	
	DISEASE	OR COND	ITION DIR	ECTLY	ZGVVAS	Viele 11	bollegan	~		В	BETWEEN ONSET A	
	L	EADING TO	DEATH								1470	
	(This does no hearl failure, o	mean the	mode of	dying, e.g	DUE TO,	TE CAUSE OR AS A CONS	EQUENCE OF:	***************	***************************************			1-0 as are as analog
	injury at camp	licalian which	ch caused	death.)	P		fluest					
	A	TECEDENT	CAUSES		liv	· Wu seun	of buest	s, bulat	Tiel .		1915	
	DISEASES OR	CONDITIO	ONS, if o	ny, givin		OR AS A CON	SEQUENCE OF:		*************		***********	
	rise la lhe UNDERLYING	abave ca	use (A)	stating th	e							
			V IOSL		(C)			*************				
NC	OTHER SIGNIFIC	ANI CO NDII	IONS CON	TDIRITING	<u>.</u>							
ATION	TO THE DEATH DISEASE OR CO	RUT NOT PEL	ATED TO TH	E TERMINIAL	***************************************	***********						
	19A. DATE OF	PERATION	19B. COND	ITION FOR	WHICH OPERATION	20A	AUTOPSY? (Yes	ar No) 20B. IF	YES WERE	FINDINGS	CONSIDERED	
	0		WAS PERFO	DRMED					THEYING CA	AUSES OF D	EATH?	
. 1	21A. A CCIDENT OR CONTRIBUTE DEATH (notify or	NGI ICALIS	SE OF	21 ha	B. PLACE OF INJURY	(e.g., in ar abou	121C, WHERE C	OID UR?	(If In Baltima	ire City, give	exact location)	
MEDI	OF INJURY	Month) (Do	// (Tear)		E INJURY OCCURRE)	21F. HOW DI	D INJURY OCC	CUR?			
	(APPROX.)					While Wark						
	22. I certify th	ot (1) (this	hospital)	attended	the deceased from.		Jan 10	1 1970	to 1/	NK5-1	2 12	1/
	that (I) (we) Id					3 1	7.3	17	. 10		occurred an t	
	ond have and t	ram the ca	uses stote	d obove.	(I) (We) (did) (did n	ot) vlew the	hady after de	noth.	, (upi	on death	. accouled dy 1	ING GG
	23A. SIGNATURE	-	-			view ille	/ oner de	orn.		23B, DATE	SIGNED	
	1	2 dun	Con	uns		Attending [Med. r	Stoff [1	,	,
	23C. PHYSICIAN	S	0		DEGREE	Phys.	Director L	Phys.		UNIO	17711971	
	NAME (Typ	1/1	liec			23D. ADI	7 0	. //_	03	1.	0	
40	ANAM		VISS		a	EGREE 623		m / m	v, on	MD. W	V . 2120 1	6
	REMOVAL (Spe	cily)	DATE		IAME of CEMETERY O	CREMATORY		4D. LOCATION	(Ci	ity, tawn, or	county) ((State)
	Burial		13-197	1 Mc	reland Memo	rial Ce	netery	Parkvil	le. B	altimo	re Md.	
5A	DATE REC'D B	HEALTH D	FPL 2	EP MAAAF	OF REGISTRAR					لر المالة الماليات مصا	L C LIU	
	MAD 1 =	4774	610 6	JE HAME	OF REGISTRAX	26C,	THANK DIKE	HIPP TUAM	0 71.0	7 D-7		100
	MAR 15	1971	Robert	E. 40	Bong ACD	HG.	SUMMERS OF THE SECOND	fier al Hom	e 740	l Bela:		123



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a -	76 114	0.404		HEALTH DEPARTM	A 110	71 253
BRIH NO. CO	Com.	2531	CERTIFICA	TE-OF DEA	TH REG. NO.	
1. NAME OF DE	CYNTHIA	MAE	Bunga	wd 2. 0	ATE AND HOUR OF DEA	3/8/
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO			E (Where deceased lived.	If instrution; residence before o
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MARYLAND	cecil	5700
INSTITUTION	E JOHNS HOP			ELKTON	,	YES NO X
35	L 0011113 1101	KINS H	USPITAL.	E. STREET AND NU	MBER	113 HOLA
				R.D. # 3	BOX 24	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr., If Under
FEMALE	WHITE	WIDOWED		03-07-71	lost birthday)	Months Doys Hours
	CUPATION (Give kind of work			11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT
done during most a	working lile, even if retired)			Manulan	a	1104
13. FATHER'S NA	MF			Marylan		USA
	HARLES L.	Russ	GARD		LINDA SUTTO	M
					LINDY SOLLO	
	d Ever in U. S. Armed For n) (If yes, give wor or date		SECURITY NO.	17. INFORMANT		ADDRESS
				Charles I	Bungard, El	kton, Md. R.D.
18.	10		CAUSE OF DEAT	H		APPROXIMATE II
	G CONDITION last.	otoming me	(c)			
TO THE DEA	II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	THE TERMINAL				
	F OPERATION 198. CON WAS PER	IDITION FOR	VHICH OPERATION	20 A. AUTOPSY? (Y		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 B. ham etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or about 21 C. WHERE office bldg., INJURY OC	DID (If In 8als	imore City, give exoct location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
S OF INJURY			le At Not Whi			
		Wo	k L At Wark		1111	-10-
00 1						
	y that (1) (this hospita		ne deceosed from	C M71"	19to	315
that (I) (we) lost sow the decease	ed olive on	31		and that In(my) (our)	opinion deoth occurred on
that (I) (we) lost sow the decease	ed olive on	31		and that In(my) (our)	
that (I) (we) lost sow the decease	ed olive on)(We (did) (did nat)	view the body after	and that in (my) (our)	23B, DATE SIGNED
ond haur or 23A. SIGNAT) lost sow the decease and from the causes sto	ed olive on)(We (did) (did nat)	ending Med.	and that in (my) (our)	
that (I) (we) lost sow the decease and from the causes sto	ted obay	(Walded did nat)	ending Med. Directo	and that In(my) (our) death. Shaff Phys.	23B, DATE SIGNED
thot (I) (we ond haur or 23A. SIGNAT 23C. PHYSICI NAME (O E L EMATION, 248. DATE	ed olive on ted obav	(Wa (did) did nat)	ending R Med. pirecto 23D. ADDRESS THE JOH	and that In(my) (our) death. Shaff Phys.	238, DATE SIGNED 3/8/71
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that (I) (we ond haur or 23A. SIGNAT 23C. PHYSICI NAME (124A. BURIAL CR REMOVAL Burial	O E L EMATION, 24B. DATE (Specily) BY HEASIN ZEPT.	M. V	AVICK DEGREE AME OF CEMETERY OF CR	ending Med. S. Directo 23D. ADDRESS THE JOH EMATORY	and that In(my) (our) death. Staff Phys. NS HOPKINS 24D. LOCATION TV. Cherry H IRECTOR	23B, DATE SIGNED 3/8/71 HOSPITAL (City, town, or county)



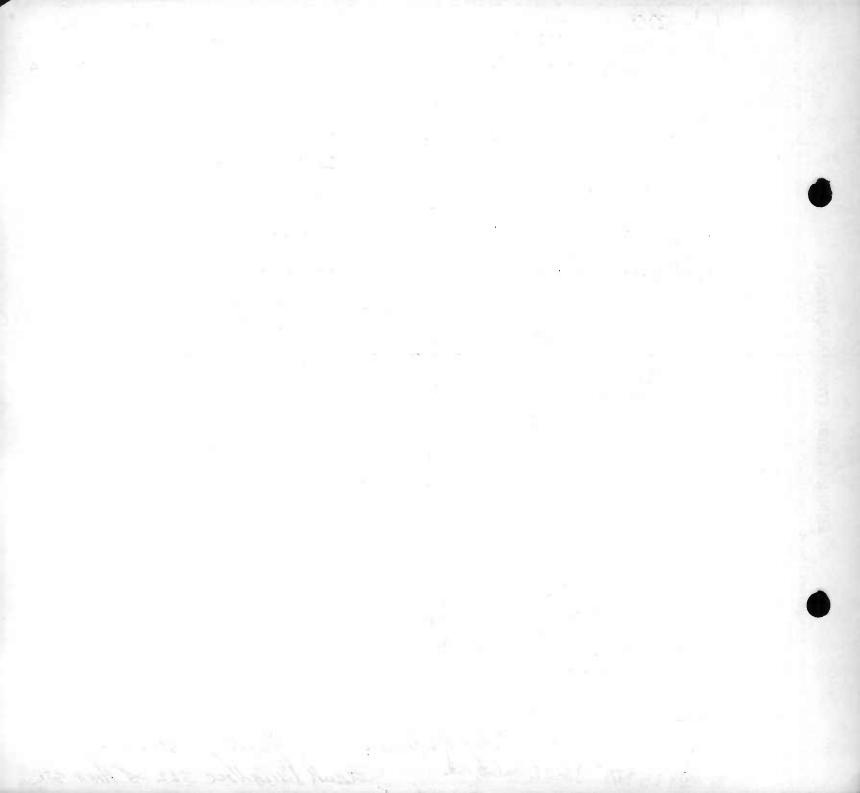
1-5%	6 71	2532		HEALTH DEPARTMENT	REG. NO	71	2532			
I. NAME OF DE	CEASED		CERTIFICA		AND HOUR OF DEATH					
(Type or Print)	FRAN	CES	LAMPARSKI			1 i	9:50	Α		
3. PLACE IN BA	ALTIMORE, MARYLAND,			Mar 4. USUAL RESIDENCE (WI A. STATE B. COU	here deceased lived. If i	n stitution:	esidence before	odmission)		
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU CATION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN	1-41	IDE CITY L				
00	2017 E. L	ombard	Street	Baltimore E. STREET AND NUMBER 2017 E. Lo	mbard Stre	YES 💢	NO 🗌			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Unde	Doys Hours	ler 24 His.		
Female	White	WIDOWED		12/1/94	16	Totolita's	Doy's mours	IVIII•		
House	ol working life, even il refired) BWife	rk 108, KIND OF	BUSINESS OR INDUSTRY	Poland	reign country)		ZEN OF WHAT	COUNTRY?		
13. FATHER'S NA				14. MOTHER'S MAIDEN N.	AME					
	John Brod			Anna Kwiat	kowski					
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Forn) Of yes, give wor ar do	irces? les af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS			
***	J -	21	5-10-5961	Mrs.Caroline	Nagrabski	.108	S. Cast	le St		
DISEA	ASE OR CONDITION D LEADING TO DEATH		CAUSE OF DEAT	CARCINION	4 COLON		APPROXIMATE I			
DISEASES	mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) IG CONDITION last.	S any, aiving	(B) DUE TO, OR AS	A CONSEQUENCE OF:						
V DISEASE OR	II FICANT CONDITIONS CONTROL TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	*****************	***************************************				10000000000		
		RFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or h	10) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF I	CONSIDERED DEATH?			
OR CONTRIB	ENT WAS UNDERLYING [UTING] CAUSE OF y medicol exomined	218, I home etc.)	PLACE OF INJURY le.g., is farm, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(II in Baltimor	e City, give	e exoci locotion)			
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED At Work	21F. HOW DID IN	JURY OCCUR	,				
22. I certify that (I) (this hospital) attended the deceased from 9/24 19 5/2 to 3//2 19 7/2 that (I) (we) lost saw the deceased alive on 3/4 19 7/2 and that in (my) (our) opinion death occurred an the date										
ond hour an	ond hour and from the couses stoted abave. (1) (Wa) (did) (did size) view the body ofter death.									
	Lew BK	askan	MI) DEGREE Physi	Med. Director	Staff Phys.	238. DAT	E SIGNED			
PHYSICIA NAME (Type)	LAN. M	_	129 S-1	Broadway	13	140 M	up		
24A. BURIAL CRE	EMATION, 248. DATE	24C. NA	ME al CEMETERY of CRE	MATORY 24D.	LOCATION (CI	ly, Yown, o	county)	(Stote)		
Burial	3/16/	71 Ho	ly Rosary	Ва	ltimore,	Ma	ryland			
MAR 15	BY HEALTH DEPT.	258 NAME OF	REGISTRAR	M.F. SADOWS	R		ADDRESS	N AVE		
S 150-REV. 1/1/	/68									



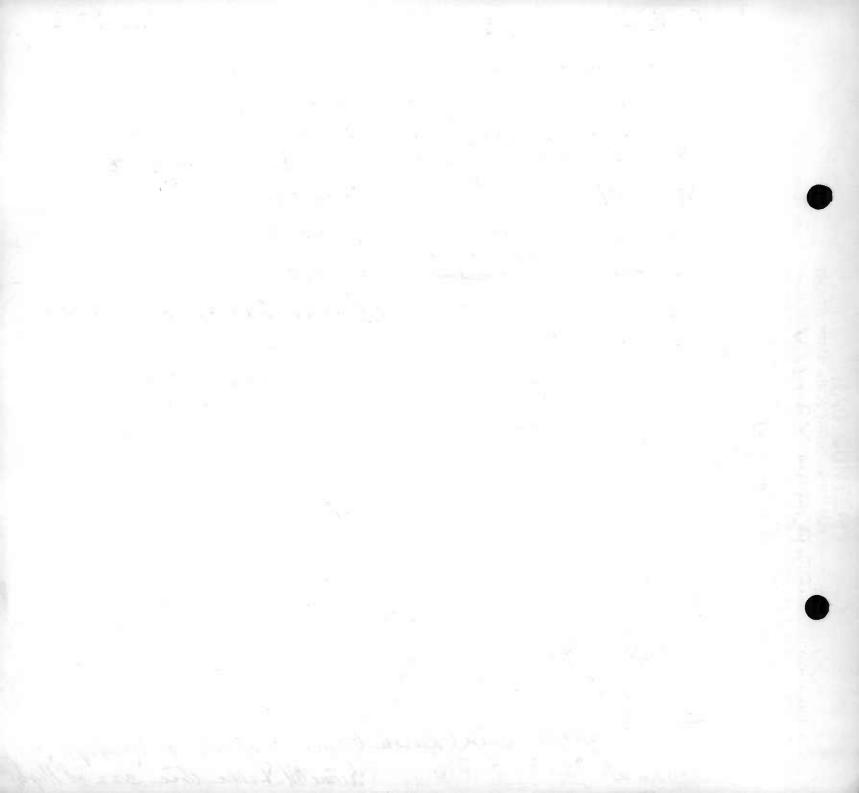
IMPORTANT

DIRECTOR:

FUNERAL



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	REG. NO.	OF DEATH	CERTIFICA	T ~ (10)		BIRT
	HOUR OF DEATH	2. DATE AND	,		Print)	
	71. 10.10 PK.	3.12.	RIS	5 HAR	SIMINIO	ypc
dence before edmi-	deceased lived. If institution	AL RESIDENCE (Where	UN CED DEAD		E IN BALTIMORE, MAI	3. PL
101	,	B. COUNT			1445 OF #F NOT	ELLI
539		ARY/AND	UTION, GIVE STREET	R LOCATION	AL OR ADDRES	HOS
	D. INSIDE CITY I	OKIOWN	estal	-, 11	TION / ++	INSI
NO 🗌	YES E	EET AND NUMBER	>pi1141	AM FIL	Luine	4
2.	to Allo	04 RAL	spital md. 21216	timore	BA	-
Yi., If Under 24	AGE (In years If Unde	OF BIRTH 9.	PNEVER MARRIED	7- MARRIED	6. RACE	5. SE
oys Hours M	st birthdayl Months	31-07		WIDOWE	$1 \mid \mathcal{W}$	1
N OF WHAT COU	Country) 112 CITI	HPLACE (State or foreig	BUSINESS OR INDUSTRY I	d of work 108, KIND C	AL OCCUPATION (Give	10A. L
		1 . d. 11'	14.11		ng most of working life, eve	0
1.5.	YINIA !	EST YIR		STEE	RNER	
		THER'S MAIDEN NAM	10451	51M	ER'S NAME	13. FA
		4 = 1 F	4	H	DWARD	
DDRESS		SS/E DRMANT	1 6. SOCIAL	med Farees?	Deceased Ever in 11. S.	5. W
DDRESS	•	1	SECURITY NO.	or dotes of servicel	runknown) (If yes, give	Tes,
SAME	mmons	104 21	233-34-2259		D	1
APPROXIMATE INTERVIWEEN ONSET AND D			CAUSE OF DEATH		5 37,91	18
	CIT COM I	ic Shock: (7000			
	yis rectom		(B) DUE TO, OR AS W	S, il any, giving	ANTECEDENT EASES OR CONDITION In the above condended to the condition of t	ri
7 \	Signe for		DUE TO OR AS W	S, il any, giving (A) stating the ast. VS CONTRIBUTING ED TO THE TERMINAL	EASES OR CONDITION In the above condition ERLYING CONDITION ER SIGNIFICANT CONDITION HE DEATH BUT NOTRE	NOIL
		EQUENCE OF:	(c)	S, il any, giving (A) stating the asst. NS CONTRIBUTING TO THE TERMINAL IN PART 1 (A).	EASES OR CONDITION In the above condition ERLYING CONDITION ER SIGNIFICANT CONDITION HE DEATH BUT NOT REL ASE OR CONDITION GIVE	ATION
ONSIDERED ATH?	208. IF YES, WERE FINDINGS	EQUENCE OF:	(c)	S, il any, giving (A) stating the ast. VS CONTRIBUTING ED TO THE TERMINAL	EASES OR CONDITION In the above condition ERLYING CONDITION ER SIGNIFICANT CONDITION HE DEATH BUT NOT REL ASE OR CONDITION GIVE	ATION
		AUTOPSY? (Yes or No)	(c)	S, il any, giving (A) stating the past. NS CONTRIBUTING (D) TO THE TERMINAL (IN PART 1 (A). B) CONDITION FOR (AS PERFORMED) OF	EASES OR CONDITION In the above condition ERLYING CONDITION ER SIGNIFICANT CONDITION HE DEATH BUT NOT REL ASE OR CONDITION GIVE	AL CERTIFICATION
	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	AUJOPSY? (Yes or No)	(C)	S, il any, giving (A) stating the last. NS CONTRIBUTING DO TO THE TERMINAL IN PART 1 (A). B. CONDITION FOR AS PERFORMED YING 21 hot etc	EASES OR CONDITION In the above condended to the condition of the conditi	DICAL CERTIFICATION
	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	AUTOPSY? (Yes or No)	(C)	S, il any, giving (A) stating the cast. NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A). B. CONDITION FOR AS PERFORMED YING 211 (Yeos) (Hour) 211 W.	EASES OR CONDITION IN THE STATE OF CONDITION ER SIGNIFICANT CONDITION HE DEATH BUT NOT REI ASE OR CONDITION GIVE DATE OF OPERATION ACCIDENT WAS UND CONTRIBUTING CAU TH Inotify medical exami	AEDICAL CERTIFICATION
	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	AUJOPSY? (Yes or No)	(C)	S, il any, giving (A) stating the cast. NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A). B. CONDITION FOR AS PERFORMED YING 211 (Yeos) (Hour) 211 W. W.	EASES OR CONDITION In the above condended to the condition of the conditi	MEDICAL CERTIFICATION
	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	AUTOPSY? (Yes or No) 1/21C. WHERE DID , INJURY OCCUR?	(C)	S, il any, giving (A) stating the cast. NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A). B. CONDITION FOR AS PERFORMED YING 211 (Yeos) (Hour) 211 W. W.	EASES OR CONDITION IN THE STATE OF CONDITION ER SIGNIFICANT CONDITION HE DEATH BUT NOT REI ASE OR CONDITION GIVE DATE OF OPERATION ACCIDENT WAS UND CONTRIBUTING CAU TH Inotify medical exami	MEDICAL CERTIFICATION
exact location)	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF (If In Boltimore City, give)	AUTOPSY? (Yes or No) 1/21C. WHERE DID INJURY OCCUR?	(C)	S, il any, giving (A) stating the ost. NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A). SE CONDITION FOR AS PERFORMED YING 211 hot etc (Yeon) (Hour) 211 W/W.	EASES OR CONDITION IN THE BEATH BUT NOT RELEASE OR CONDITION OF PERSON OF PE	MEDICAL CERTIFICATION
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	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	AUTOPSY? (Yes or No)	(C)	S, il any, giving (A) stating the past. NS CONTRIBUTING (D) TO THE TERMINAL (IN PART 1 (A). B) CONDITION FOR (AS PERFORMED) OF	EASES OR CONDITION In the above condended to the condition of the conditi	CAL CERTIFICATION



71 2535 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. BIRTH NO 1. NAME OF DECEASED Known 2. DATE OF Month Yeor Hour ROBERT T. JONES Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Doy Yeor FULL NAME OF HOSPITAL OR INSTITUTION PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) +\frac{1}{2}\left(\frac{1}{2}\right) +\frac{1}{2$ March 9,1971 10:15 A M.

0	@ 943 S. Sharp S	Street		A. STATE	Marylan	d B. COUN		2301
6.	SEX 7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY	OR TOWN	D. INSIE	E CITY LIM	ITS?
	Male Negro	WIDOWE	D DIVORCED	Ba	Ltimore		YES 🗌	NO 🗆
9.	DATE OF BIRTH 10.7	AGE (In years birthdoy) 68	f Under 1 Yr. If Under 24 Hrs. Aonths, Doys, Hours, Min.		S. Shar	Street		
	BIRTHPLACE (State or foreign cou		2. CITIZEN OF WHAT COUNTRY?	Set		5		
dor	A.USUAL OCCUPATION (Give kind le during most of working life, even ifr Re	etired)			er's Maiden N Ty Londo RMANT			
16. (Ye	was deceased ever in U.S., s, no or unknown) (If yes, give wor or	ARMED FORCES? dotes of service)	17. SOCIAL SECURITY NO.			22-9thStree	ADDRES	S N=C.
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which cou-	ATH of dylng, e.g., cons the disease,	(A)IMMEDIATE C	TH sclero AUSE		iovascular di		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	ANTECEDENT CAU DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	IF ANY, GIVING	(B)(C)	AS A CON	SEQUENCE OF:			
CERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	TED TO THE TERMIN	NG IAL					
Ε.	20 A. DATE OF OPERATION 20	B. CONDITION FO	OR WHICH OPERATION WA	AS PERFO	RMED	21. A	NUTOPSY? (Yes or No)	
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	2: h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	In or obou e bldg., etc.	22C. WHERE DI	D (If in Boltimore City, giv	e exoct locot	lion)
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.)		22E.INJURY OCCURRED WHILE AT NOT AT W	T WHILE WORK 22F. HOW DID INJURY OCCUR?				
	NAME (Type)	ald N. Ko	Accident Suicid	AS	Homicide CHIEF MEDICA SISTANT MEDICA SOCIATE MEDICA	AL EXAMINER AL EXAMINER	3/9	DATE SIGNED
	A. BURIAL CREMATION, 24B. E MOVAL (Specify)	DATE	24C. NAME of CEMETERY	or CREMA	TORY 24	D. LOCATION (City,	town, or co	ounty) (Stote)
Bı	urial 3-	I3-7I	Mt Auburn	75	E	Baltimore C	ity	
25	LAR 15 1971, Q	2. 2 25B. 3A	MA OF REGISTRAR	250	FUNERAL DIRE Isaiah I I23 W.MC	cor .Brown &So intgomery S	ADDRES n treet	
٧s	151-REV. 1/1/6B		W.	Sup	2 3 14			1 3 1

N-C

Re

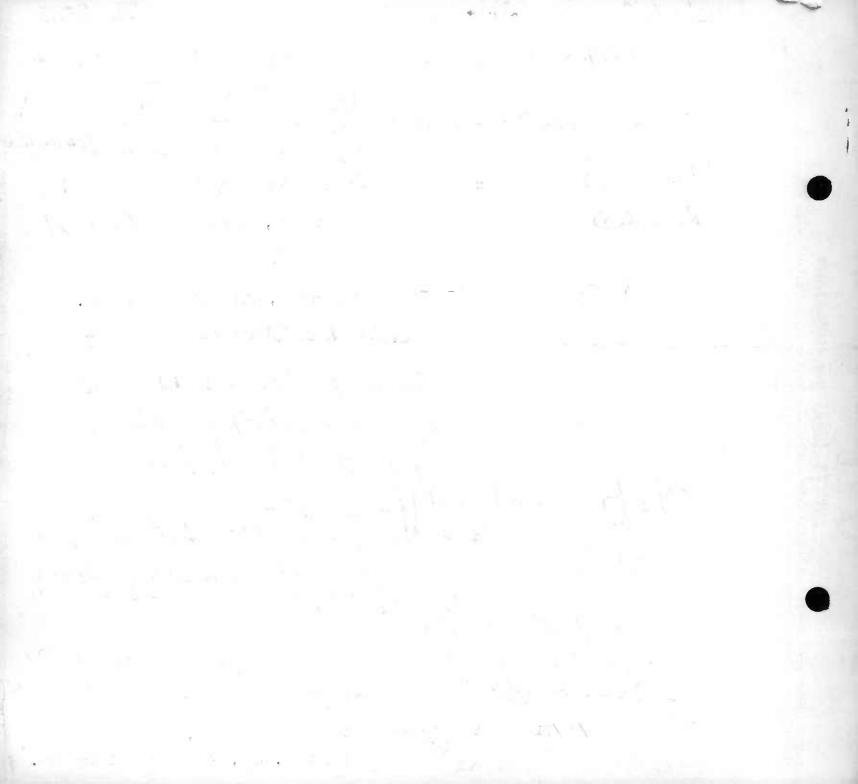
Seth Jones

Mary London

WM-Owens-2222-9thBtreet W-C.

	5 10	1 7	1 25	36	BALTIMO	ORE CITY HE	ALTH DEPAR	TMENT					
-	D-120	,	MED	ICAL	EXAMI	NER'S	CERTIFIC	CATE	OF	DEAT	H REG. NO.	71	2536
=	RTH NO.												
	NAME OF DEC		James	Davis			2. DATE OF DEATH	Known		Month	Doy	Yeor	Hour
4	PLACE IN BAL					DEAD TO	3. DATE			Month	Doy	Yeor	Hour M.
FLY HC	SPHALOF	AF N		LORINS	UTUTION, GIVE		PRONOU	NCED DE	AD 3			71	5:15 a. m.
OF	NOITUTITZAL				5 5	1-11		SIDENCE	(Where			: residence	before odmission)
□□ 4959 Edgemere Ave.						A. STATE Maryland B. COUNTY 2798							
6. SEX 7. RACE B. MARRIED NEVER MARRIED													
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	DATE OF BIRTH		10. AGE (In	yeors	If Under 1 Yr, if	Under 24 Hrs.					12	3 []	NOL
S	ept. 17	195	Z lost birthdo	17	Months Doys	Hours Min.		4.05	0 54		A === 0		
_	BIRTHPLACE (S	tole or fore	ign country)	1/	12. CITIZEN O	F	13. FATHER'S		9 Eas	gemere	Ave.		
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	USUAL OCCU			AR KIND									
den	e during most of w	orking life, e	ven Ifretired)										
	t111ty WAS DECEASE		III C ADMED		rmaceu		18. INFORM	ris	The	apsen	1		
(Ye	s, no or unknown)	(If yes, give	wor or doles	ol service	SECU	BILY NO SE				. 1105		DORESS	A
	NO ,	- 0			F17 :	1920		ous 1	PAVI	3 495	9 Edge		
	19.	41			CA	USE OF DEA						BET	APPROXIMATE INTERVAL
	DISEASE	OR CON	DITION DIREC	CTLY			Ma	rcoti	c ove	rdose			
		EADING T				A)IMMEDIATE C	AUSE -Un	ident	ified	drug	overdos	se:	
	(This does not meon the mode of dylng, e.g., heart foilure, osthenio, etc. It means the disease,												
	Injury or com	plication wh	ich coused de o	th.)									
	ANITECEDENT CAUSES												
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A						AS A CONSEQ	UENCE O	F:				
	RISE TO THE	ABOVE CA	AUSE (A) STAT	ING THE									
Z	OT IDENETITE		IIOIT LASI.		(c	=)							
Ĕ	OTHER SIGNI	IFICA NIZ GO	11	A IZDIDI IZ				L'alle II.			H		
CERTIFICATION	TO THE DEA	TH BUT NO	T RELATED TO	THE TERM	NAL .								
TIF	20A. DATE OF		GIVEN IN PA		-								
CER	TOA. DATE OF	OPERATIO	14 200. CON	MOIIION	FOR WHICH OF	PERATION WA	S PERFORMI	D				21. AUT	OPSY? (Yes or No)
7	004											ye	
Š	UNDERLYING	WAL CAUSE			22B. PLACE OF home, lorm, focto	INJURY (e.g.,	In or obout 22 bldg., etc.) IN	C. WHER	E DID (IF	In Boltimore	Clly, give exac	t location)	
EDIC,	UTING CAL				_?_			-2					
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	23.												-
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	result	ed frame	Natural caus	ses 🏻	Accident	Suicid	e Hor	nicide [ט:: [ndetermîn	ed manner	X	
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	ACTUAL	11110	Low	11	7/4		ACCIC	TANT MED					DATE SIGNED
	SIGNATU				1	M.D.					7		
	NAME (T		rner U.	Spit	z, M.D.	De	puty Ch	ief M	edica	al Exa	miner	3	/12/71
24	A. BURIAL CREN	ATION.	24B. DATE			of CEMETERY				CATION	(City, town,		
KE	MOVAL (Specific	٧)	7/77/	77									
25	burial A. DATE REC'D	RVHEAITH	7/1/	1250 1		us Memo		Park		Ltimo		ryla	nd 21227
43	A DATE REC D	MINE ALIH	70 49	Ser.	AME OF REGIS	IKAK		UNERAL D			AC	DORESS	
	MAK 15	3/1	ACCUSE C	1	STATE OF THE PARTY		LEV	VIS T	GW	ANN It	517 Pa	rk H	eights Ave
VS	151-REV. 1/1/68			0			0 1		1.4				

Letter from M.E.'s office 3-31-71 M.H.



) in)	71	253	8	BALTIMORE CITY HE	ALTH DEPA	RTMENT			71	2=20
_	0-120		MED	ICAL	. E)	KAMINER'S	ERTIFI	CATE OF	DEAT	H REG. NO	1 1	6990
	TH NO.									KLO, 140		
	NAME OF DEC e or Print)		A 3.6 TO A 3	770			2. DATE OF	Known 🗌	Month	Doy	Yeor	Hour
	1 4 6 5 14 1 10 4 1	WILLL		VIS	20110	Whice Dead	DEATH	Estimated 🗌				N
	L NAME OF					OUNCED DEAD ON, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month	Doy	Yeor	Hour
HO!	SPITAL	ADDRE	SS OR LOCA	TION)	, ii O ii v	ON, OIVE SIKEET	- 11011111		-	8,1971		4:30 P. N
OK /	11						A. STATE	RESIDENCE (When		ed. If institution: B. COUNTY	residence b	etore odmission)
- 1	View .	UTHERA	N HOSP					Maryland			/.	500
6. 5		7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OF	RTOWN		D. INSIDE CIT		
	Male	Neg		WIDOV				imore		YES	s 🖺 ı	NO 🗆
	ATE OF BIRTH		10. AGE (Ir lost birthdo	yeors		nder 1 Yr. If Under 24 Hrs. hs, Doys, Hours, Min.	E. STREET	AND NUMBER				
1	2/17/36			'34			2834	Presbury S	Street			
11.	BIRTHPLACE (S			.3		CITIZEN OF	13. FATHER	'S NAME				
	Baltimo	re, ma	ıryıan	a	Ŭ	VHAT COUNTRY?	Will	iam A Dav	ris			
14A	USUAL OCCU	PATION (Give	kind of work	14B. KINI	OF E	BUSINESS OR INDUSTRY						
Jone	d'L'aborde	Time, ev	on memeay				Elean	or Clento	n			
16.	WAS DECEASI	D EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL SECURITY NO.	18. INFOR				DRESS	
(163	Most ourneman)	(IT yes, give v	or or doles	or service	=)	SECURITINO.	Flo	rence Cla	ark, 400	07 Grant	ly Ro	d.
	19.	-x 7	X			CAUSE OF DEA	тн					PROXIMATE INTERVAL
	DICEAC	OR COND	ITIONI DIDE	TIV		Cranio	cerebra	al Injurie	2		55,144	LEIN ONSEN AND DEAT
		EADING TO		CILI		(A)IMMEDIATE O		ar mijoric	. 0			
	(This does no	ot meon the	mode of dy	ing, e.g.,		DUE TO, OR A		QUENCE OF:				
	injury or com	plication which	th coused de	oth.)								
	A b	NTECEDENT	CALICEC			4-1						
				, GIVING	;	(B) DUE TO, OR	AS A CONSE	QUENCE OF:	44			
	RISE TO THE	ABOVE CA	ON LAST.	TING THE								
8						(c)						
CERTIFICATION	OTHER SIGN	IFICANT CON	II IDITIONS CO	ONTRIBLE	TING							
띥	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	MAL	(00000000000000000000000000000000000000						***************************************
RT			_			WHICH OPER ATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes or No)
낑	2											yes
¥	22A. EXTERI	VAL CAUSE	WAS		22B.F	PLACE OF INJURY(e.g.,	In or obout	22C. WHERE DID	(If in Boltimo	re City, give exoc	t locotion)	-
EDIC,	UNDERLYING				home	, form, foctory, street, offic Home	e bldg., etc.)		a h	Ctonnat	1.5	06
ME	UTING CA		in. loy) (Yeor	·) (Hou	r) 2	2E.INJURY OCCURRED	83	2834 Pre	JURY OCCI	Street		
	OF INJURY (APPROX.) 3	-6-71		00 P	·	AULE AT NOT	WHILE X	Cubine C		1		
	23.	0 / 1	J (.00 F	∙m. ∨	VORK L AT W	ORK X	Subject f	ell at	nome		
		ify that I h	eld on I	nquiry [Inspection Au	top sy	ond that on	this bosis,	deoth in my	pinion	
	result	ed from: N	atural cou	ses 🗌	A	ccident X Suicio	le H	omicide	Undetermi	ned monner		
) ,	2.	17	0		CHIEF MEDICAL	EXAMINER			L. Dell
	ACTUAL	1	led	1/1	1	1.1.	ASS	ISTANT MEDICAL	EXAMINER	$\mathbf{x}_{\mathbf{x}}$		DATE SIGNED
	SIGNATU		nald N	J. Ko	rnh	lum, M.D.		OCIATE MEDICAL			3/9/7	71
	NAME (T		, LLU LU I	. 10	LIID	Luli, II. D.	753	- Intervient			3/9/1	/ I.
	BURIAL CREA		4B. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town,	or county)	(Stote)
E	MOVAL (Special	"	3/15/	71		Mt. Calvary	Cemet	ery	Baltin	more, Ma	arylar	nd

MAR 15 1971 Poles & Baller R. A. B.

25C. FUNERAL DIRECTOR

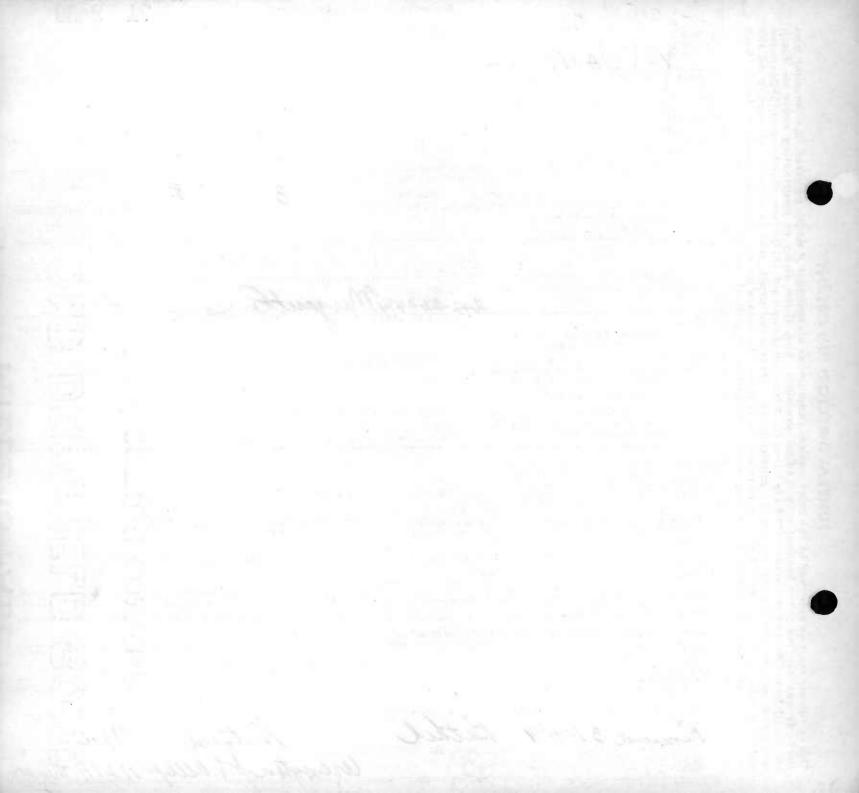
ADDRESS

Kenneth H. Law ,4609 Park Heights

VS 151-REV. 1/1/68

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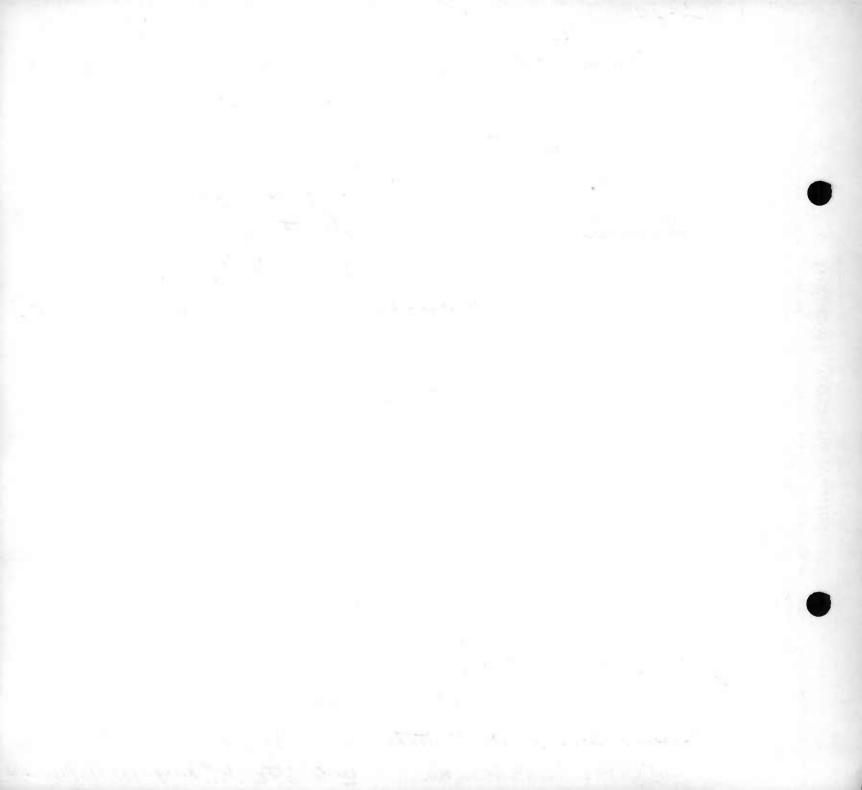
0-175	BALTIMORE CITY	HEALTH DEPARTMENT		71 2539
У-620 71 2539 вікти No.	CERTIFICA	TE OF DEATH	REG. NO	AT MAR
Type of PHILAN DAYING PAR		r. 3/1	NO HOUR OF DEATH	1800 A M
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COU	ere deceased lined. Il ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OF TOWN	land	2121383=
122 4 1 10.1. 18	1 1/1/	Baltin	fag D. INSIL	YES TO NO T
153 Jahr Hophus	32 potal	E. STREET AND NUMBER	000	YES NO NO
sound alabeans		26278	Breston	St
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION IGIVE kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BURTHPLA GE (Sigle at for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working (ife, even if retired) HIGHWAK Repair City of 13. FATHER'S NAME	1 Balto.	North	Carolina	USA
Van Pars	ons, Sr.	Lily &	bish	
15. Wes Deceased Ever in U. S. Armed Farces? (Yes,na or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17, INFORMANT	0	ADDRESS
dia di	142-22-0494	1 arganet	Jarsans	Jame
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	Pheumo	anie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dving, e.g.	(A) IMMEDIATE CAL	SE		10000
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE 10, OR AS	A CONSEQUENCE OF:		6m
ANTECEDENT CAUSES	0:210	win Vad (A	MAINDINA :	The Lagran
	(B) DUE TO, OR AS	manaren co		24
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staking the UNDERLYING CONDITION last,	Proba	ble Dat Cel	Il Carcino	ma 6 mg
		<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	************************			
19A-DATE OF OPERATION 19B CONDITION FOR W	1:	20 A. AUTOPST? (Yes ar N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
19A-DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED WAS PERFORMED 121B. F	the Jauna			
OR CONTRIBUTING CAUSE OF home, etc.)	farm, factory, street, al	or obout 21 C. WHERE DID ince bidg. INJURY OCCUR?	(if In Boltimore	City, give exact location)
21D.TIME (Manth) (Day) (Year) (Hour) 21E	NJURT OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.) While				
22. I certify that (I) (this hospital) ettended the		Tamaris 19	10 7/ M	with 17 .71
that (1) (we) last saw the deceased alive an	March P	2_19_7/ and th	nat in (my) (aur) opini	an death accurred an the date
and hour and from the causes stated above. (1)	(We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE DURCHAND	1 Disease	nding Med.	Staff Phys.	3/12/71
NAME (Type) - REALLY IN	DEGREE	3D. ADDRESS	1	Harla Lel
GEORGE). DERAKHA 24A. BURIAL CREMATION, 124B. DATE 124C. NAM	DEGREE OF CRE	MATOR	prins	1 vijervas
REMOVAL (Specify) 2 /14/71	Roth!	240.1	DEATION (City)	town, or/county) (Stote)
25A. DATE REC'D BY HEALTH DATE: 1258; NATIONAL	unu	14	Mary	11.6.
MAR 15 1971 3.3.8 E. Telber	A STAR	25C FUNERAL DIRECTOR	Allelle	EN MODRESS
VS 150-REV. 1/1/68		wayyan	or willy	1/2/11. Mauria



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

Such

to death.

BIRTH NO.	/1	254	1 CERTIFICA	ATE OF D	EATH		11	2541
Type or Print)	ASED				2. DATE AN	D HOUR OF DEATH		-15
	Elizabeth (5/	12/7/		5 - A
3. PLACE IN BALTI	MORE, MARYLAND, WH	ERE PRON	OUNCED DEAD	A. STATE	B. COUN	e decéosed lived. If in: TY	stitution: re	sidence before odmission
FULL NAME OF	(IF NOT IN HOSPITAL	OR INST	TUTION, GIVE STREET	Marylar	nd			1608
OSPITAL OR	Baltimore C:		nenitale	C. CITY OR TOV	M	D. INSI	DE CITY LIA	AITS?
21	4940 Eastern		•	Baltimo			YES X	ио 🗌
2/				E. STREET AND	NUMBER			
	Baltimore, N	10. 2.	1224	800 Mt.	Holly	St., Balto.	Md.	21229
. SEX	5. RACE 7	MARRIE	D NEVER MARRIED	B. DATE OF BIR	ГН	9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs Doys Hours Min.
Female	Negro	WIDOWE		8-15-16		54		
	PATION (Give kind of work) I orking life, even if retired)	OB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State of forei	gn country)	12. CITIZ	EN OF WHAT COUNTR
Machine Op		Manut	facting co.	Sau	the C	applina	U.:	S.A.
FATHER'S NAM	E			14. MOTHER'S	MAIDEN NAM	AE .		
	Preston Ja	cobs		Gwend	lolyn Mo	Beth		
. Was Deceased E	ver in U. S. Armed Force	s? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		4940 Easter	n Ave	ADDRESS
No			075-18-5971	BCH Rec	ords:	Baltimore,		
1B. 🕖	2 VI		CAUSE OF DEAT	TH		-,		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRE	CTLY					81	ETWEEN ONSET AND DEAT
L	EADING TO DEATH		(A) IMMEDIATE CA	IICE The	zumo	nia		5-4 No. 4
(This does no	I meon the made of a sthenia, etc. II means I	lying, e.	DUE TO OR AS	A CONSEQUENCE				
	licolian which coused d		e,		1			- 1
A	NTECEDENT CAUSES		11/4	11tiple	muel	ona		551155
DISEASES OF	CONDITIONS, if an	ıv. givin	DUE TO, OR AS	S A CONSEQUENCE	1			
rise to the	abave couse (A)			•				
UNDERLTING	CONDITION lost.		(C)					
z	II .							
TO THE DEATH	CANTICONDITIONS CON	TERMINA						
DISEASE OR CO	NDITION GIVEN IN PART		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	20B. IF YES. WERE E	INDINGS	CONSIDERED
19A. DATE OF	WAS PERFO				NO	208. IF YES, WERE F	JSES OF D	EATH?
U 21A. ACCIDENT	WAS UNDERLYING	12	B. PLACE OF INJURY (e.g.,	in or about 21 C. W	HERE DID	(If In Boltimare	City, give	exact location)
OR CONTRIBUT	ING CAUSE OF	h	ome, form, factory, street, o	office bldg., INJURY	OCCUR?		, , , ,	
)				015	314 DID 15:11	LINY OCCULO		
OF INJURY	(Month) (Doy) (Yeor)		IE. INJURY OCCURRED While At T Not Whi		ונאו סוט אכ	URY OCCUR?		
(APPROX.)			Vork At Work				. 14	
22. I certify t	hat ((this haspital)	attended	the deceased from	11/17		970 ta 3	112	19 7/
	ast saw the deceased		31	19 71			ian deatl	h accurred an the da
			(#)-(We) (did) (did not)					
23A. SIGNATUR		d dbdve.	A (we) (did) (did nor)	view the bady a	tter death.		238, DATE	SIGNED
1	60	G/	L. S MA AH	ending M	ed.	Staff .	3/	- /-
1	uself		DEGREE Phy	ys. D	irector 🗀	Phys.	//	2/7/
23 C. PHYSICIAN NAME (Typ	1	ric	M D	23D. ADDRESS	Baltimo	re City Hos	pitals	5
	Russell Har	IIS,	M.D. DEGREE			ve., Balto.		
4A. BURIAL CREM	ATION, 248, DATE	24C.	NAME of CEMETERY OF CR	REMATORY	24D. LO	OCATION (Cit	y, town, or	county) (State)
Burial	3-15-71	Δν	butus Memorial	Park	Ral	timore, Mar	vland	
SA, DATE REC'D E			OF REGISTRAR		AL DIRECTOR	cinore, nat	Jidild	ADDRESS
MAR 15	Wallen E	10.6	en Kan			Phillips-172	7 N.	

VS 150-REV. 1/1/6B

ngton S. Phillips-1727 N. Monroe St

Presidence F.

The second second

\$ - 2/2 71 2542 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 71 2542
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known XX Month Doy Year Hour
(Type or Print) HILLERY Stewart	OF 3 8 71 10.30 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 8 71 10:30 8
1530 Mt. Royal Avenue	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY Md.
6. SEX 7. RACE B. MARRIED NIEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. Months, Months, Months, Min. Months, Min. Months, Months, Months, Min. Months, Min. Months, Months, Min. Months, Months, Months, Min. Months, Min.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
VIRGINIA WHAT COUNTRY?	CHEDMAN CTEMADT
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	FAMILE THOUSE
TRUCK DRIVER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	FANNIE TUCKER 1B. INFORMANT ADDRESS
(Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	
No 218-07-3575	Charles Stewart-1006 N. Appleton st
19. 4 2 A CAUSE OF DEA	BETWEEN ONSET AND D
DISEASE OR CONDITION DIRECTLY Hypert	ension & Arteriosclerotic cardiovascular
LEADING TO DEATH	CAUSE disease
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z UNDERLYING CONDITION LAST. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DEDGORASD
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or N
	no
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office)	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) the bldg., etc.)
≥ 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	VORK
I certify that I held on Inquiry . Inspection XX Au	ond that on this bosis, death in my opinion
resulted from: Natural couses XX Accident Suicio	
resulted from: Natural couses MA. Accident Suicio	CHIEF MEDICAL EXAMINER XX
ACTUAL (1) 200 Col.	DATE SIGNED
SIGNATURE // CUBCLE & PULLETAME	ASSISTANT MEDICAL EXAMINER 3/8/71
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 3-12-71 Mt CALVARY	BALTIMORE, MARYLAND
25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 15 19/1 Olden E. Janley RA	ARLINGTON S. PHILLIPS-1727 N. Monroe St

things the

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO NAME OF DECEASED 2. DATE Known | Month Day Hour Veor (Type or Print) CLAUDE GUNTHROP OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Hour Year FULL NAME OF PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 3 12 1971 6:4 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY University Hospital (DOA) 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS male. negro Balto. WIDOWED DIVORCED NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthday) Months, Doys, Hours, Min. 4-7-43 3804 Towanda Ave. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore Md. Lee Gunthrop 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Nina Strickland 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give wor or dotes of service) Nina Gunthrop 2309 Lauretta Ave. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Gunshot wound of chest LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. $(C)_{-}$ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTII 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) **EXTERNAL CAUSE WAS** UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 6:15 (APPROX.) Shot during altercation. P m. WORK AT WORK Inspection ___ certify that I held on Inquiry ___ Autopsy X ond that on this bosis, deoth in my opinian resulted from Notural couses Accident ___ Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Isidore Mihalakis, M.D. 3/13/71 NAME (Type)

24C. NAME of CEMETERY or CREMATORY

Mt. Calvery

25B. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

ADDRESS

Ceader Hill Md.

Charles Evans Hughes 1532 Hollins St

25C. FUNERAL DIRECTOR

24A. BURIAL CREMATION.

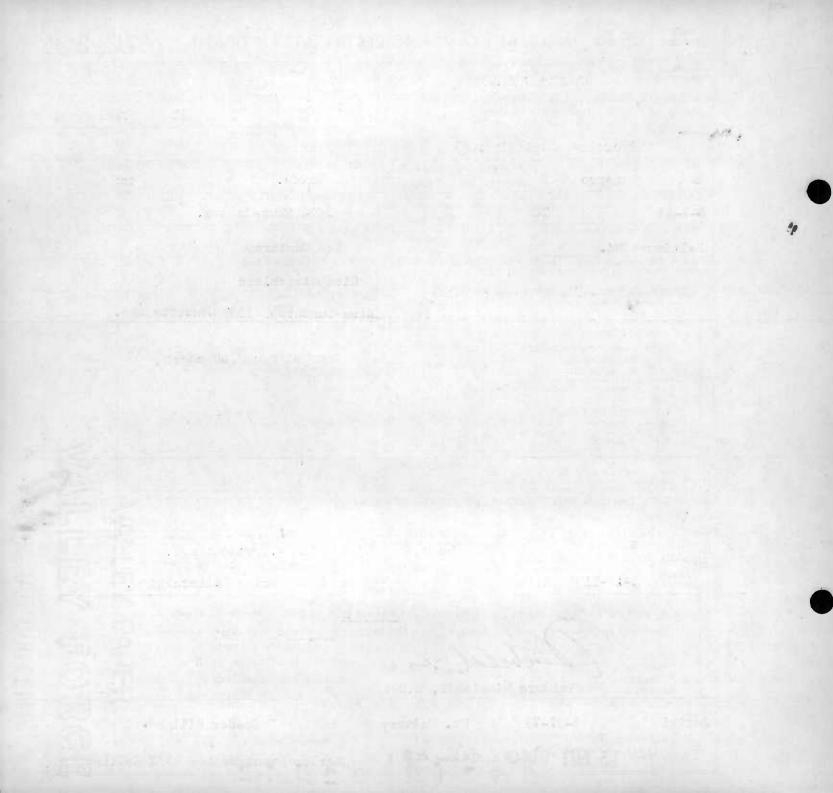
25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

24B. DATE

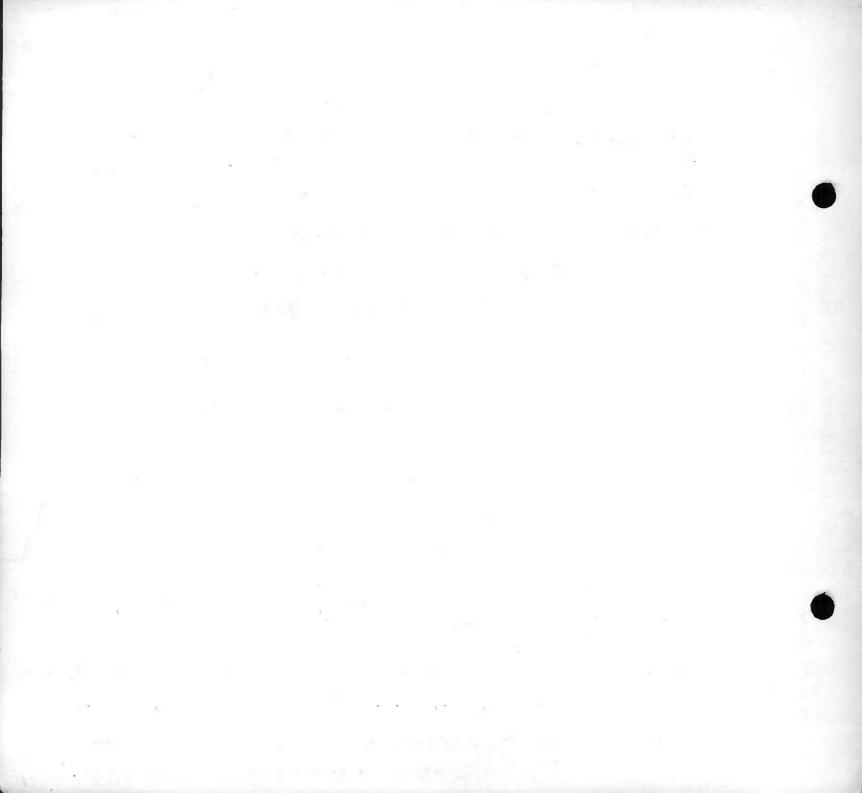
3-17-71



IMPORTANT

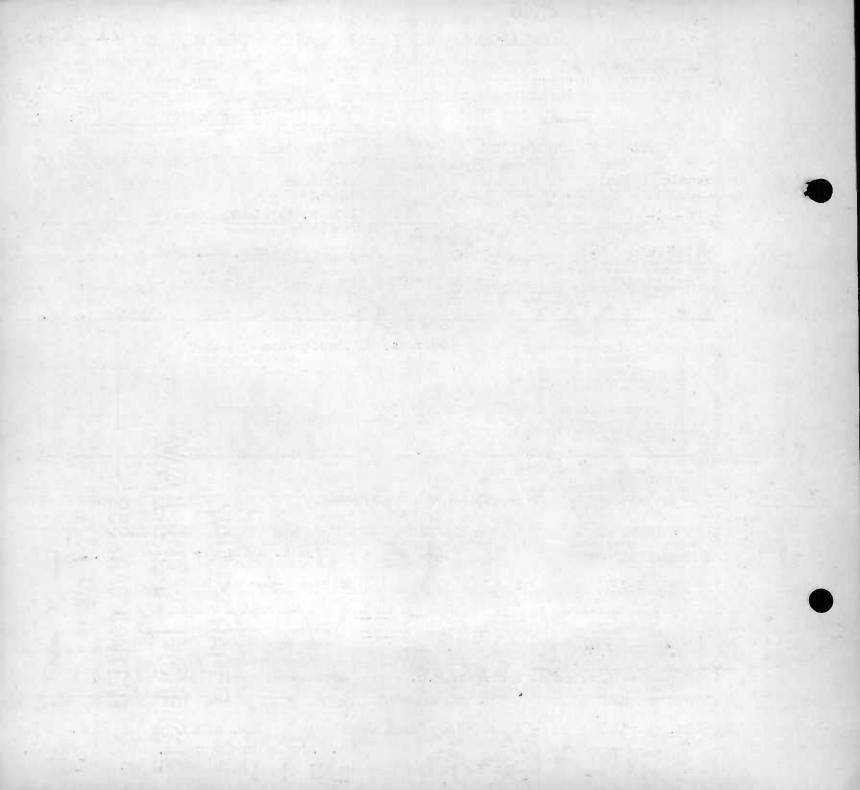
DIRECTOR:

FUNERAL



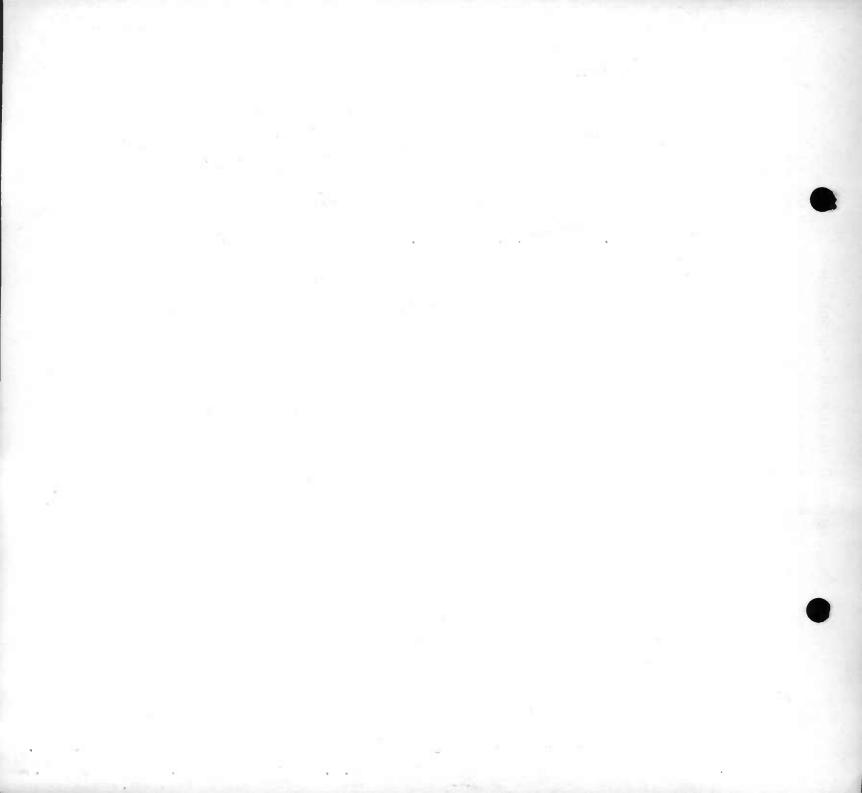
71	2#1
	254

1	4-64	2	MED	ICA		AMINER'S			F DEA	TH		71	25	45
BIR	TH NO.									REG	3. NO			
1. I (Typ	NAME OF DEC	VII.DA A	HARLES	S		*	2. DATE OF	Known 🗵 Estimoted	Month	3-5-7		Yeor	Hour 4:55	D
	PLACE IN BAI				RONOL	JNCED DEAD	DEATH 3. DATE		Month	-		Yeor	Hour	1 • M.
FUL	L NAME OF SPITAL INSTITUTION	(IF NO		LORINS		N, GIVE STREET		JNCED DEAD	March	5,197	1		4:55	
OK	2 1000	RCH HOM	E AND	HOSPI	CTAL	M 30 11	5. USUAL R A. STATE	esidence (w Marylan		B. COL		esidence be	fore odmiss	ion)
6.	SEX	7. RACE				NEVER MARRIED	C. CITY OR			D. INS	SIDE CITY	LIMITS?	9.0	-
F	emale	Whit	e		WED 🗌	DIVORCED 🔀	Balt	imore			YES	X N	10 🗆	
9. [DATE OF BIRT	rĤ	10.AGE (In			er 1 Yr. If Under 24 Hrs. s. Doys , Hours , Min.		AND NUMBER						
	LO-10-3			" 33				E. Bal	timore	Stree	t			
н.	BIRTHPLACE (gn country)			TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME						
	Roanoke		-1:-1 (1	140 KINI	D OF BI	USA JSINESS OR INDUSTRY	Ralp	h Harl	ess,	Sr.				
	during most of			140. KIN	D OF BU	DOINESS OK INDUSTRI	I IS. MOINE	K 3 MAIDEN I	VAIVE					
L	Hairdi				uty		Virg		Glo	vier				
16. (Ye	WAS DECEAS	SED EVER IN	U.S. ARMED wor or dotes	of service	S? 1	7. SOCIAL SECURITY NO.	18. INFOR	MANT			ADD	DRESS		
Ľ	no				<u> </u>		Oake	y Fune:	ral H	ome	Ro	ahok	e. Va	
	19.	50 m	0			CAUSE OF DEA	TH						ROXIMATE IN EN ONSET AI	
	DISEAS	SE OR CONE	DITION DIRE	CTLY		Overdose	of bar	biturat	e					
		LEADING TO				(A)IMMEDIATE C	AUSE							
	(This does no	not meon the	mode of dy	ing, e.g.,			AS A CONSEC	UENCE OF:				wa-a-a-a		
		mplication wh												
	Δ.	NTECEDENT	CALISES			(0)								
	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING	3	DUE TO, OR	AS A CONSE	QUENCE OF:						
		NG CONDIT		TING TH	E	(-)								
2						(C)								
CERTIFICATION	TO THE DE	NIFICANT CO	T RELATED TO	THE TER	MINAL									
TIF		R CONDITION				HICH OPERATION W	AS PERFORA	AFD.				21. AUTOP	SY? (Yes o	r No)
S	2)												yes	
4	22A. FXTER	RNAL CAUSE	WAS		228. PL	ACE OF INJURY(e.g.,	in or about	22C. WHERE D	ID (If In Bolt	imore City,	give exoct	locotion	700	
EDIC	UNDERLYING CA	GMOR CON AUSE OF DE	NTRIB- Ath.			ACE OF INJURY(e.g., form, foctory, street, office Home		1734 E.	Baltin	nore S			04	
Σ	OF INJURY	(Month) (Doy) (Yea	r) (Ho	- 1	E.INJURY OCCURRED	MARKET	22F. HOW DID	INJURY O	CCUR?				
Г		3-5-71		?		ORK NOT	WHILE W	Took or	rerdose	2				
	23. cer	tify that I !	neld on 1	nquiry		Inspection Au	tap sy 🔀	and that a	n this bas	is, death	In my o	pinian		
1	resul	Ited fram: 1	Natural cou	ses 🗌	Ac	cident Suicio		amicide 🗌	Undete	rmined ma	nner			
		0	0 0)		CHIEF MEDIC	AL EXAMIN	ER 🗌				
1	ACTUAL	1 1	inte		d	maate.	ASS	STANT MEDIC	AL EXAMIN	ER 🕏			DATE SIGN	IED
	SIGNAT		arlac S	Sn	rina	ate,M.D.	ASSO	CIATE MEDIC	AI FYAMIN	EP 🗍		3/6	/71	
	NAME (arres :	, sp	TIME	ace, riab.	A330	CIAIL MEDIC	AL LAAMIN			3,0	, ,	
	A. BURIAL CRE		248. DATE		24C	NAME of CEMETERY	or CREMATO	ORY 2	4D. LOCAT	ION (Ci	ity, town,	or county)	(Sto	e)
	Rem. Bi		3-17	-71	C	edar Lawn	Cemet	erv	Roan	oke	-		Va.	
	A. DATE REC'D		DEPT.	258.		OF REGISTRAR	25C.	FUNERAL DIR	ECTOR			DRESS ,		Da
	MAR 9	5 997	Poster	£ 2.	Jack.	ALD.	п.	W.Jenk		ons C timor			York 21212	
L.	161 DEV 1/1/4	0	910	1 9	7		7 7	5 1	6 Dal	ATHOT.	C P		ا مام کا مام کا	T



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Pere-	BIR	TH NO.		
E = 8 = 2	1.1	AME OF DECE	ASED /	111
- 0 0 C	(Ту	pe or Print)	Ende	16
of d of d bece e on	3.	PLACE IN BALTI	MORE MA	RYLAND, WH
2000				
a hos ause e; (5) ndanc to de	FU	LL NAME OF SPITAL OR STITUTION,	(IF NOT ADDRES	IN HOSPITAL
22050	IN	MITUTION	11.	11
	1	DOTTON	14%	/ Nu
ing ing cau	Y	1)		
9 - 0 - 0 - 0	5. 5	EV 1/	6. RACE	17
h occurred in contributing stermined caused prior eased prior n is made.	J		LA /	ľ
occontreerm regumes assessis m			VV	
death occurred t or contributin Undetermined c as in regular a e deceased prii		USUAL OCCUP during mast of wa		
or or nde	_		Sec.	
if deect (4) Ury was the posic		FATHER'S NAM		-
10		TOP		11/ 4
ant dire	15.	Was Deceased E	ver in U. S.	Armed Force
in e a l	(Ye	, no or unknown)	Il yes, give	wor or dates
assistant if the dir ny kind; od death dance on r final di		no		
		18.	41	
his of a of a unc ten			-	ITION DIRE
Als Als anthon			EADING TO	
		(This does not heart foilure, a	sthenia, etc	. II means II
iner. actu pro ular mba		injury or camp	licalian whi	ch caused d
examiner. 3) A fractun who profin regular s are emba		Al	NTECEDEN	T CAUSES
Xam Xam Xam Wh Wh		DISEASES OR		
cal exall ex s; (3) ian v ian v ins an		rise to the UNDERLYING	CONDITIO	ouse (A) s Niasi.
dical fical rrns; (rsicial was mains			- 11	
medical medical / burns; physicic ian was e remain	NO	OTHER SIGNIFIC	ANTCOND	TIONS CON
med hy phy an	ATI	TO THE DEATH DISEASE OR CO		
chief a n Body the p ysicic	FIC	19A. DATE OF C		198 CONDI
s chief m by a me b Body b the ph hysician	CERTIFICA	0		WAS PERIO
(2) B ere the phy phy efore		21 A. ACCIDENT OR CONTRIBUT		
y the ital b e; (2) /here No pl befo	CAL	DEATH (notify n		
00 = 3 70	MEDIC		Monthl (Do	ay) (Yeorl
atu atu (6)	×	OF INJURY (APPROX.)		
he h ny ny ny ny sxce and			412.4.4	
		22. I certify the		
of o		that (4) (we) i	ost saw th	e deceased
be od		and haur and	fram the co	uses state
de de nu		23A. SIGNATURI	E	4
Feight of		B	to 14 7.	Themas
9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		23C. PHYSICIAN	S	www
as and a serior an		NAME (Typ		
A da	24A		ETER	H. RH
T\$0.000		REMOVAL (Sp		
Ws.		Burial		3-15-7
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be	25A	DATE REC'D	HEALTH	DEPT. 2
F# 11 3 4 3		CT MESTER		see E.
,	VS.	150-REV, 1/1/68		

Kall 71 2546	BALTIMORE CIT	Y HEALTH DEPARTMENT		PUL 0440
BIRTH NO.		TE OF DEATH	REG. NO	71 2546
1. NAME OF DECEASED	have	2 DATE AND	HOUR OF DEATH	1 8:00 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceased lived. If in	stilution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	MD. Bak	themare.	1206
INSTITUTION	11	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Bolton Hill Nur	sing / time	E. STREET AND NUMBER	Paul St	, NO
- W win	ARRIED NEVER MARRIED DIVORCED	7/22/86	AGE (In years birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, I) dane during mast of warking life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
	A.Davis Co.	Dathmore	mo.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	£ ,	
John Wife	e / Ild social	Divolair	mary	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor or dates of s	16. SOCIAL SECURITY NO. 213-03-764	Medical	Recor	ADDRESS
18. 4 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL		- P + 1 D		~ -
(This does not mean the mode of dying heart foilure, asthenia, etc. It means the d	e.g., DILETO OP AS	JSE Betwee Par A CONSEQUENCE OF:	ensonan	3 Deyo
injury or camplication which caused death	.)			
ANTECEDENT CAUSES		ed ASCVD with a	ulrovase D	eners Years
DISEASES OR CONDITIONS, il any, rise to the abave cause (A) stotin		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBI TO THE DEATH BUT NOT RELATED TO THE TER ODISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL DIAP	steerlosis		Years
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B.PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	n or obout 21C, WHERE DID ffice bldg. INJURY OCCUR?	(If In Boltimare	B City, give exoct focotion)
21D-TIME (Month) (Day) (Yeor) (House OF INJURY (APPROX.)	While At Work At Work	21F. HOW DID INJU	RY OCCUR?	5
22. I certify that (4) (this haspital) atte	nded the deceased fram	2 lune 19	70 to 13	March 1971
that (4) (we) last saw the deceased all		7		nian death accurred an the date
and haur and fram the causes stated ab	ave. (i) (We) (did) (did not)	riew the bady after death.		
23A. SIGNATURE	A 44-	anding Med. S		23 & DATE SIGNED
Peter H Themster 23C. PHYSICIAN'S NAME (Type)	aEGREE Phy	S. Director and P.	haff hys.	14 m. / 1921
	, ,	23D. ADDRESS		14 March 1971
ALL BURGLES CONTRACTOR OF THE PARTY OF THE P	armen 1 anh		Marchie M	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NCTEIN MD GEGREE 24C. NAME OF CEMETERY OF CR	BOLTON HILL	NURSING H	CMF. BALTIMORF. y, town, or county) (Stotel
Burial 3-15-71	NCTEIN MD OFFIRE 24C. NAME OF CEMETERY OF CR	BOLTON HILL	NURSING H Cation (Cir Ltimore	OME, BALTIMORE.
Burial 3-15-71	NCTEIN MD DEGREE 24C.NAME OF CEMETERY OF CR Western Comete	BOLTON HILL	timore	OMF. BALTIMORF. y, lown, or county) (Stotel



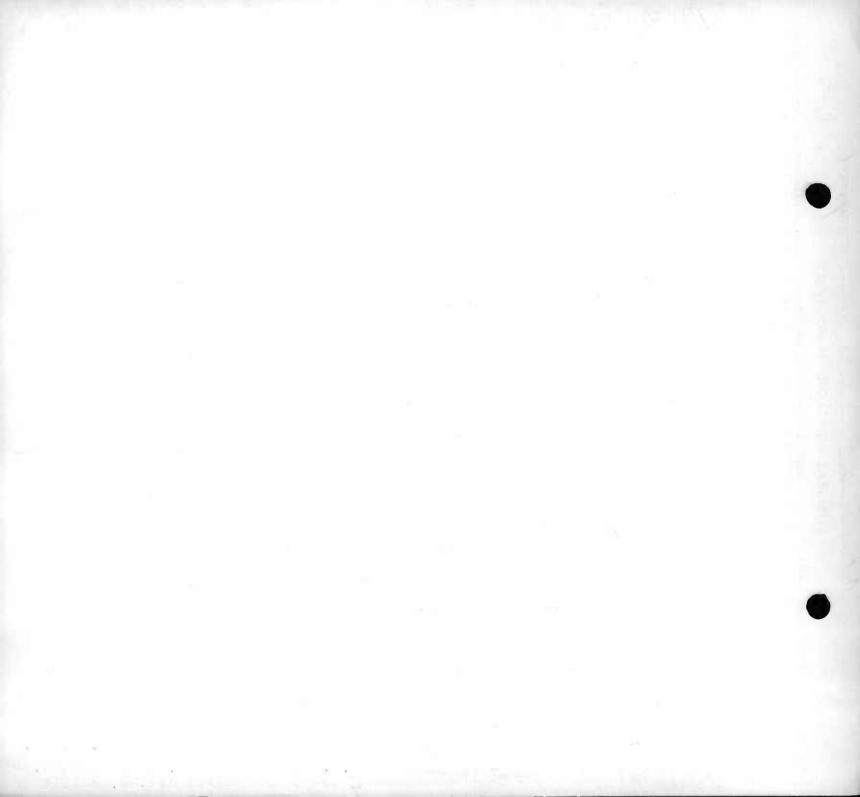
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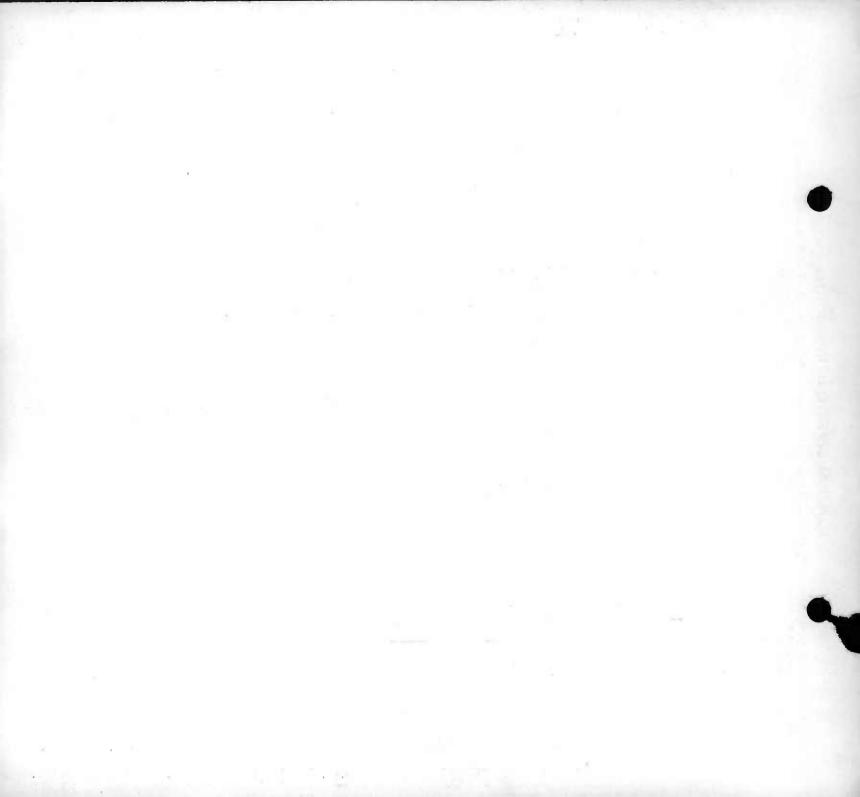
APPROXIMATE INTERVAL

il Under 24 Hrs.

0 D DIRECTOR: FUNER hospital 2 the



BIR	B-160 71 254	40	TE OF DEATH	REG. NO	71 2548
	Pe or Print	ohn BAVAr	O 2. DATE AN	ID HOUR OF DEATH	4:30AN
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO			re deceased lived. If in	stitution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md . c. CITY OR TOWN		DE CITY LIMITS?
Y	8 Univ. of Md Hosp.		Baltimore E. STREET AND NUMBER		YES NO X
5. :	SEX 6. RACE 7. MADE		218 Hawthor	ne Ave. 2	21208
	M WIDON	NEVER MARRIED DIVORCED	12-6-17	lost birthday 53	if Under 1 Yr. if Under 24 Hrs. Manths Days Hours Min.
dan	USUAL OCCUPATION (Give kind of work 108, KIN) during mast af warking life, even if retired)		11. BIRTHPLACE (Stole or fores	gn country)	12. CITIZEN OF WHAT COUNTRY
	Carpenter Contractor Contractor	wn Business	14. MOTHER'S MAIDEN NA	ME	
	Carmen BAVAra	>	Donatto	Tocci	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? Sina ar unknown) (If yes, give war or doles of servi	16. SOCIAL SECURITY NO.	Donatto 17. INFORMANT	10001	ADDRESS
	no	219-12-7098	Mrs. Delores	F. Bavaro	o Same
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH Hepato (A)IMMEDIATE CAU	-renal fail	'ure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This daes not mean the mode of dying, heart laiture, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last.	Rheuma (B) Postor Due To, OR AS	is consequence of: atie Heart dr Status of Mi a consequence of:		Replacement
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION [19B. CONDITION F	NG HAL	20A. AUTOPSYZ (Yes or No	N 200 IF yes these	
CERTIFI		FAIr	Ves	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medical examined)	21 B. PLACE OF INJURY (e.g., in hame, farm, fociary, street, off etc.)	or obout 21'C. WHERE DID		City, give exoct lacation)
	21D-TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Wark		URY OCCUR?	
	22. I certify that (1)-(this hospital) attende		2-17	9 /7/_ta	3-14 1971
	that (t) (we) last saw the deceased alive		197/and the		ian death accurred an the date
	and haur and fram the causes stated abay	e. (1) (We) (did) (did noi) vi	ew the bady after death.		
		MO After	ding Med.	Staff Phys.	3-14-7/
	23C-PHYSICIAN'S NAME (Type) H. JAE	Than MD	3D. ADDRESS Uniu.	of Md. H	1
24A	BURIAL CREMATION, 248. DATE 246. REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE		CATION (City	y, tawn, or countyl (Stote)
F	Burial 3-17-71	Lake View Cem		kesville :	Balto. Md.
25A	MAR 15 1977 OLES & 321	RE OF REGISTRAR	How Benkin	Sons Co.	4905 York Rd.
VS	150-REV. 1/1/68			THE P PRINCE	~ · · · · · · · · · · · · · · · · · · ·



IMPORTANT

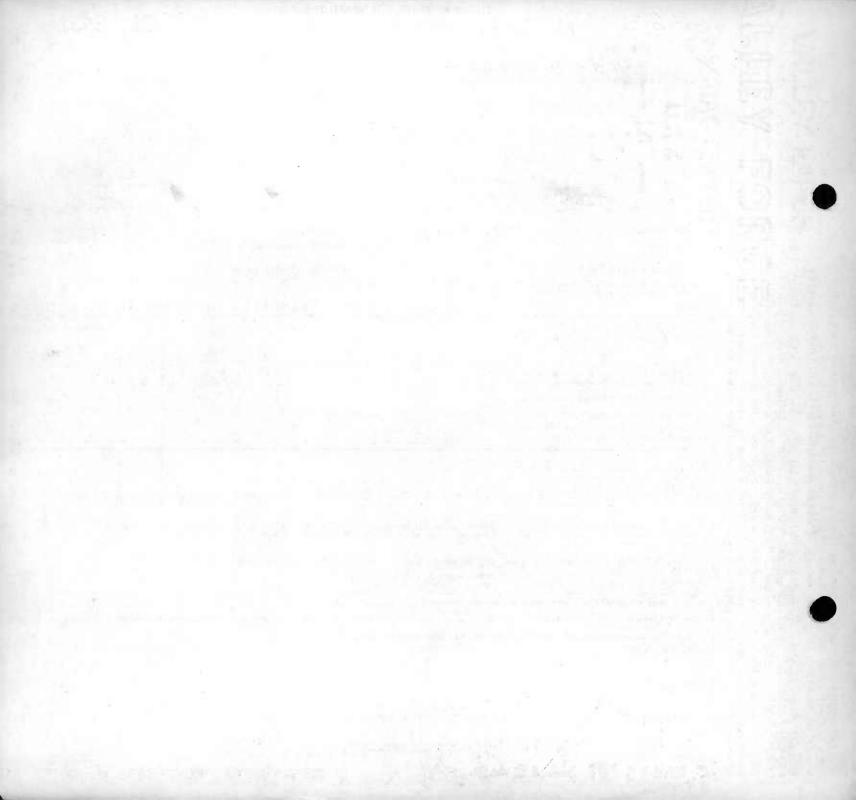
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 2549 lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mildred S. Person 2611 Garrison Blvd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exoct lacotion) and that in (my) (aur) apinian death accurred an the date 3B. DATE SIGNED NUTTER FUNERAL HOME 3035 W. NORTH VS 150-REV. 1/1/6B

and the transfer the the land in Hype-Hauser Dru T lawy MD BALTIMORE CITY HEALTH DEPARTMENT

FIRST STATE OF THE PARTY OF THE

	7 1 - 5		BALTIMORE CITY	HEALTH DEPARTMENT		
	5-652 71	2551	CERTIFICA	TE OF DEATH	REG. NO	71 2551
	pe or Print)	YAZ	nger	2. DATE /	113/7/	1 1:50 Am.
	PLACE IN BALTIMORE, MARYLAND, WH			A. STATE B. COU	nere deceased lived. If INTY	institution; residence before admission)
HC	LL NAME OF OF OFFITAL OR STITUTION OF ADDRESS OR LOCAL	L OR INSTITUTION)	JION, GIVE STREET	C. CITY OR TOWN	11.00-	SIDE CITY LIMITS?
7	M. Sanai	'		E. STREET AND NUMBER	21229	YES NO
5.	4613 fack Hug			8. DATE OF BIRTH	ice aue	
J	Femole Death	WIDOWED	NEVER MARRIED DIVORCED	9-10-97	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Seven find of work) during most of working life, even if retired) DOMESTIC		BUSINESS OR INDUSTRY Family	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	UDA
	Jacob Mosley			Emma Johns	son	
1 S. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or doles	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	No		221-28-0698		lla Atkins	on 16 N. Bernice
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the obove couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CON	stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. COND	1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or 1	No) 20B, IF YES. WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFO	DRMED		no		AUSES OF DEATH?
CAL CI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. horn etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimo	ore City, give exoct location)
MEDI	21D.TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)		INJURY OCCURRED le At		NJURY OCCUR?	/
	22. I certify that (I) (this haspital) that (I) (we) last saw the deceased		ne deceased from 3/17	3/1/ 3 19 7 / and	19 7 / ta	3/13 197/
	and haur and fram the causes state	d abave. (I) (We) (did) (did) v			
	23A. SIGNATURE	- +	M Drecess Atte	nding Med.	Staff Phys.	238, DATE SIGNED / 7/
ľ	23C. PHYSICIAN'S NAME (Type)	STE	T DE OREE	23D. ADDRESS 230	o Yar	rison Blod
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N.A	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (Stote)
25/	Burial 3-16-7	1 Wha	tcoat Cemet	ery Do	over	Delaware
		E. Jaly				3035 W. NORTH AV
VS	150-KFV, 1/1/68	3	No.	the state of the		



	500	7	1 255	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 2552
	RTH NO.		250	CERTIFICA	TE OF DEATH		
	vne or Pont	Bollie B	oddie d	Tr.	2, DATE	AND HOUR OF DEATH	1
3.				ONOUNCED DEAD	4. USUAL RESIDENCE (3-11-71 Where deceased lived If	institution; residence before admission)
FL	JLL NAME OF	(IF NOT IN	HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland	MINO	09511
H	OSPITAL OR	ADDRESS O	R LOCATION	Name HON, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	48 Mc	vryland G	eneral H	ospital	E. STREET AND NUMBE		YES NO
	1.0					r crest Road	
5.	SEX	6. RACE	7- MAR	RIED W NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Tr., If Under 24 Hrs.
	Male	Negro	WIDO	WED DIVORCED	0 14 20	lost birthdoy)	Months Doys Hours Min.
do	A. USUAL OCCU	PA1.014 (Give kind rorking life, even if	d of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole at	foreign country)	12. CITIZEN OF WHAT COUNTRY
	relief	operato		ied Chemical	North Ca	rolina	USA
13.	FATHER'S NAM	TE COLOR	·		14. MOTHER'S MAIDEN		
		Boddie			Brightsy	Cofield	
5. Ye	Wos Deceased s, no or unknown)	Ever in U.S. Am (If yes, give wor	mod Forces? ar doles of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	- YES	World		219-30-7820	Mrs. Carrie	J. Boddie	5229 Fredcrest
	18. / 6 %	1/1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
		OR CONDITION			Acute bronch		BETWEEN ONSET AND DEATH
	(This does no	i mean the me	anish to sho		ISE <u>bronchopneum</u>	onia	
	heorl foilure, c	Isthenio, etc. It Dication which o	means the dise	ase,	A CONSEQUENCE OF:		
	A	NTECEDENT CA	AUSES	100000	24		
	DISEASES OF	CONDITIONS	S, il any, gi	ving (B) (ARO MO	A CONSEQUENCE OF:		
	tise la lhe	abave cause	(A) staling	lhe		kala a ta d	
	tise la lhe	abave cause	(A) staling	ving DUE TO, OR AS The (c)Carcino		resected	
NOL	other Signific	abave cause CONDITION Id	e (A) stating	(c) Carcino		resected	***************************************
4	other signification of the country o	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE NOTION GIVEN	e (A) staling asi. NS CONTRIBUTION TO THE TERMINAL	(c) Carcino	ma of R. lung,		
RTIFICATION	other signification of the country o	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE NOTITION GIVEN OPERATION [198	e (A) staling asi. NS CONTRIBUTION TO THE TERMINAL	(c) Carcino			FINDINGS CONSIDERED
CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	abave cause CONDITION Is CANT CONDITION BUT NOT RELATE NOTION GIVEN DPERATION 178 W/A	O (A) staling usi. NS CONTRIBUTI D TO THE TERMIN IN PART 1 (A). B CONDITION FAS PERFORMED	(c)Carcino NG NAL OR WHICH OPERATION	ma of R. lung,	No.) 208 IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CANT CONDITION 10 CANT CONDITION BUT NOT RELATE NOTION GIVEN DEFENTION 178	A Staling usi. NS CONTRIBUTION TO THE TERMIN IN PART 1 (A). B CONDITION F AS PERFORMED	(c) Carcino NG NAL OR WHICH OPERATION	ma of R. lung,	No.) 208 IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
EDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. A CCIDENT OR CONTRIBUT DEATH Inotify r	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE NOTION GIVEN DPERATION 199 W/	(A) staling usi. NS CONTRIBUTI DO THE TERMINI IN PART I (A). B. CONDITION FAS PERFORMED	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, shoot, of etc.) 21E. INJURT OCCURRED	20A. AUTOPST? (Tes or DID or obout NULL WHERE DID NIJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DICAL CERTIFICATI	OTHER SIGNIFICATION TO THE DEATH INDISEASE OR CO	abave cause CONDITION Is CANT CONDITION BUT NOT RELATE MULTING IVEN T WAS UNDERLY ING CAUSE Condicol examined	(A) staling ost. NS CONTRIBUTION THE TERMINING TO THE TERMINING THE TER	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, shoot, of etc.) 21E. INJURT OCCURRED While At Not While	20A. AUTOPST? (Tes or problem) in or obout 21C. WHERE DID in 1900 in 1	No) 20B, IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH Inotify of Injury (APPROX.)	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE NOTITION GIVEN DPERATION 179 WA T WAS UNDERL' TING CAUSE C medicol examined (Month) (Doy)	AS CONTRIBUTED TO THE TERMINE IN PART 1 (A). B. CONDITION FAS PERFORMED YING D (Year) (Hour)	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, stroot, ol etc.) 21E. INJURT OCCURRED While At Not While Work	20A AUTOPST? (Tes or obout 24C. WHERE DID in or obout 24C. WHERE DID in 1987) OCCUR.	No) 20B, IF YES, WERE IN CERTIFYING CA	ro City, give exoct location
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH Inolify r 21D. TIME OF INJURY (APPROX.)	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE NOTITION GIVEN DPERATION 179 WA T WAS UNDERL' TING CAUSE C medicol examined (Month) (Doy)	O (A) staling usi. NS CONTRIBUTI D TO THE TERMINI IN PART I (A). B. CONDITION FAS PERFORMED YING (Year) (Hour)	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, stroot, of etc.) 21E. INJURT OCCURRED While At Not While Work and the deceased from	20A. AUTOPST? (Tes or or obout 20C. WHERE DID in or obout 20C. WHERE DID in or obout 21F. How did in 12 occurs	No) 208 IF YES, WERE IN CERTIFYING CA	ro City, give exoct locotion 49.71
MEDICAL CERTIFICATI	other signification of injects of	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE MULTION GIVEN OPERATION 198 W/ ING CAUSE Conedicol examined (Month) (Doy) that (1) (this ho	o (A) staling ost. NS CONTRIBUTION THE TERMINING IN PART I (A). B. CONDITION FAS PERFORMED YING (Year) (Hour) Splial) attendances and alive accessed alive.	CC. Carcino NG NAL OR WHICH OPERATION 218. PLACE OF INJURY (e.g., inhome, form, foctory, stroot, of etc.) 21E. INJURT OCCURRED While At Not While Work ed the deceased from	20A. AUTOPST? (Tes or or obout 24C. WHERE DID fice bldg. INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA (If In Boltimore NJURT OCCUR? 19 71 ta that In (my) (aur) apl	ro City, give exoct locotion 49.71
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MEDICAL CERTIFICATI	other signification of the Death Josease or co 19. Date of contribut Death Josease or co 19. Date of contribut Death Inotify (APPROX.) 21. Time (I) (we) I and haur and 23. Signature 123. Signature 123	abave cause CONDITION to II CANT CONDITION BUT NOT RELATE MULTION GIVEN OPERATION 198 W/ I WAS UNDERLY ING CAUSE Conedicol examines (Month) (Doy) that (1) (this ho ast saw the de fram the cause E CUST ATION, 248. DA ecify)	(A) staling asia. NS CONTRIBUTION THE TERMINING IN PART I (A). B. CONDITION FAS PERFORMED (Year) (Hour) (Year) (Hour) (Spital) attended as stated above AUD HOUR ATE 240 6-71	C. NAME of CEMETERT OF CRE	20A. AUTOPST? (Tes or or obout 20C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID II 30 30 40 30 31 31 32 34 35 36 36 37 38 39 30 30 30 30 30 30 30 30 30	No) 208 IF YES, WERE IN CERTIFYING CA (If In Boltimore NJURT OCCUR? 19 71 ta that In (my) (aur) api he Shaff Phys. X NEYAL HIS	ro City, give exocl locotion 3-10 19-71 Inian death occurred on the date 238, DATE SIGNED 3-10-71 ity, town, or county) (Stote)
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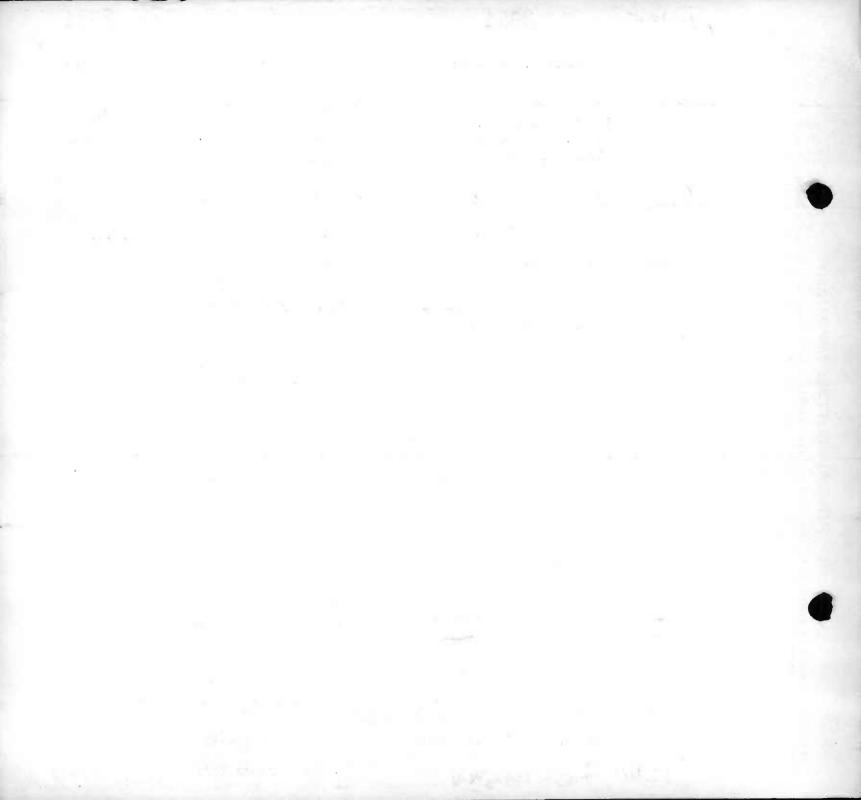
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FUNERAL

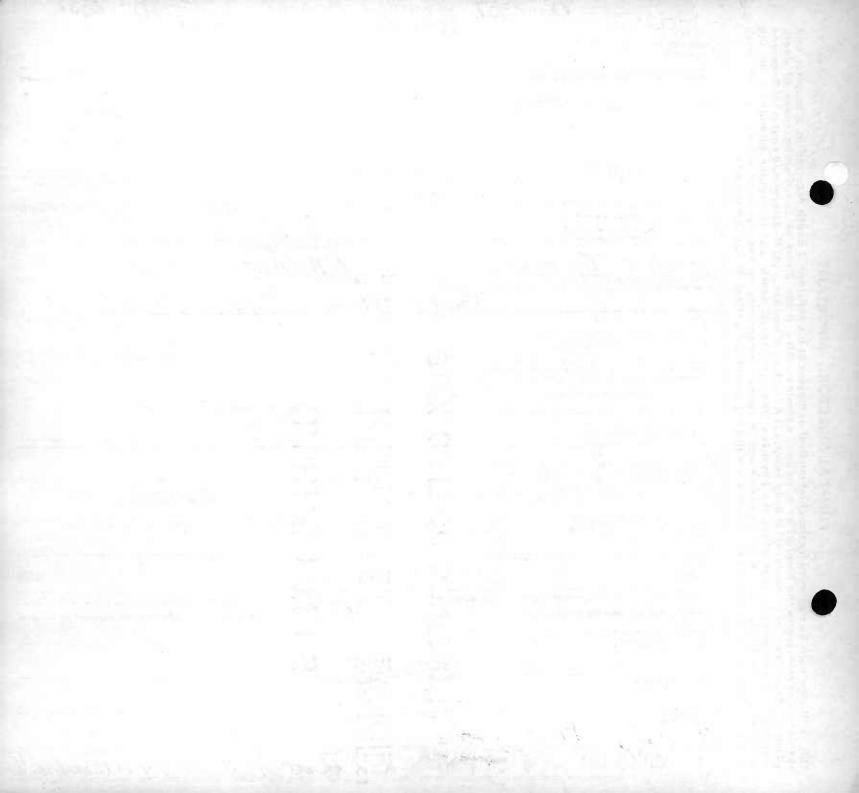
BALTIMORE CITY HEALTH DEPARTMENT 4:30 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NOK YES If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Bollimore City, give exoct location) and that In(my) (cost) apinion death accurred on the date 23B DATE SIGNED (City, town, or county) (Stote) Baltimore, Marylahd ADDRESS Gook-Brooks Towson, 1050 York Road Towson, Md. 21204 VS 150-REV. 1/1/68



1/ 400 100		HEALTH DEPARTMENT	3 No. 71 2556
SIRTH NO. 60 71 25	56 CERTIFICA	TE OF DEATH X REC	5. 110.
Type or Print) MRJ. K	ISER, DOROTH	4 A. 3/12/71	F DEATH 4:25 A.M
3. PLACE IN SALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUNTY	lived. If institution; residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	M.D BACTIN	ORE. ID. INSIDE CITY LIMPS?
	CITOM II.	ENTO DE DOMO EX	YES NO
SOUTH BACTIMONE G	enexy Hosp;	E. STREET AND NUMBER 3/14-ASDEN CV	BACTO.MD. 21227.
SEX 6-RACE 7- MA		8. DATE OF BIRTH 9. AGE (In	
FEMACE WHITE WIDE	RRIED NEVER MARRIED DIVORCED Z	2-10-30 last birthdon	years If Under 1 Yr. II Under 24 Hrs. Months Deys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, Killone during most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
Waitress		MARYLAND	4.5.
3. PATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
J. RUSSELL Me		RUTH WRIGI	<u> </u>
5. Was Deceased Ever is U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of se	wicel SECURITY NO.	17. INFORMANT	ADDRESS
No	076-22-738	Mrs. Donna J. Brown.	3114 Aspen Court 21227
18. / 4 4 / 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SEPTICAEMIA.	
(This does not mean the mode of dying,	DUE TO OR AS	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the di- injury or complication which caused death.			
ANTECEDENT CAUSES		CUTO DENIA	
	(B) DUE TO, OR AS	CYTO PENIA A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	the CA	PERTUM L METNET	ASPS-BONE + LIVER
UNDERLYING CONDITION last.	(c) C/71	KECLUM, TIME MIST	7383-13010 121101
OTHER SIGNIFICANT CONDITIONS CONTRIBU			
19A. DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A AUTOPSYS (Yes or No.) 20B, IF Y	ES, WERE FINDINGS CONSIDERED IFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY le.g., home, form, factory, street, o	n or obout 21 C. WHERE DID (If fice bldg., INJURY OCCUR?	In Boltimore City, give exact location)
DEATH Inetify medical examined 21D.TIME (Month) [Day) (Year) [House OP INJURY	21E INJURY OCCURRED	215 HOW DID INJURY OCCU	J R?
OF INJURY	While At Not Whi	• 🗆	
	Work Li At Work	3 0 3 92	Three states of the state of th
22. I certify that (i) (this hospital) atter	ided the deceased from	3-9-/10 1009	6 7/19/2/199:20
that (1) (we) lost sow the deceased ally	e on 3/147	and that In(my)	(our) opinion death accurred on the dote
and hour and from the couses stated ob	ove. (1) (We) (did) (did not)	riew the body after death.	
23A. SIGNATURE			23B DATE SIGNED
Jan Cher	Ath D	ending Med. Staff	3/12/21.
23C, PHYSICIAN'S	M. D. DEGREE Phy	s. Director L Phys. L	
23C. PHYSICIAN'S NAME (Typel	HEALC This mi		25 1 50/00 - 110/0
YU CA	CIVOJ /HW DEGREE	. SOUTH BACTIM	ore GENERAL ITOY
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, er county) (State)
Burial 3-15-1971	Moreland Mem. Pa	rk Cemetery Baltimo	re County, Maryland
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
WAR 15 TOT QLAR &	Re RA	Howard Ha Hubbard	4107 Wilkens Ave. 21229
VS 150-REV- 1/1/68		The state of the state of	. 10/ WIINCID AVOS ZIZZ.

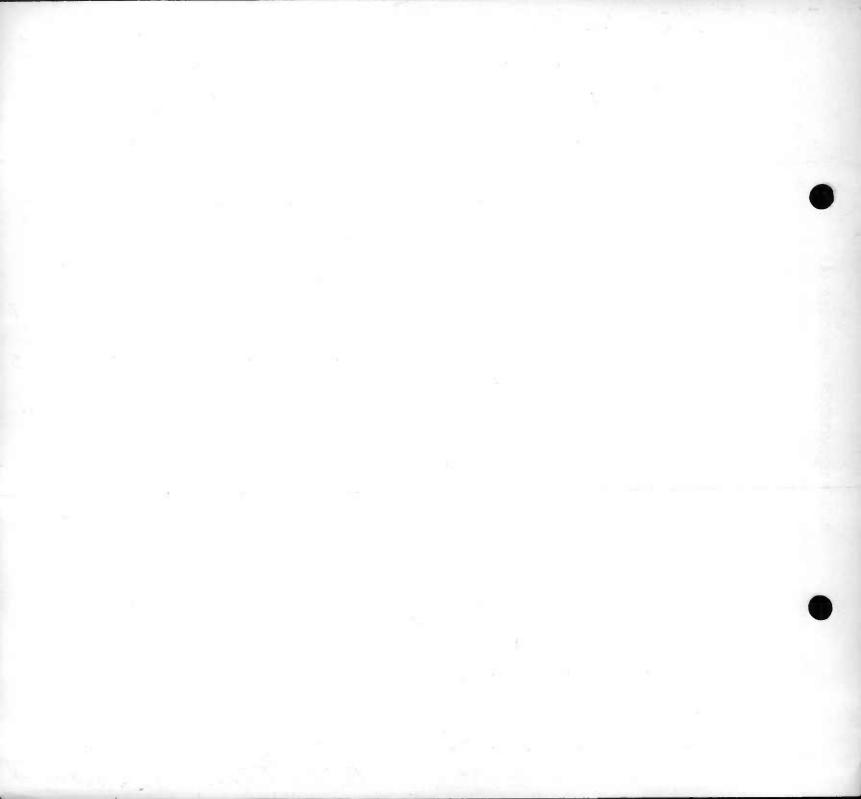
SOUTH DALTHING GENETIAL HELDS RUSSELL PROMPY ROTH KATEL THE PERSON OF TH The state of the theory of the state of YELL CHEVER THE SOUTH SOMETHINGS CHEVERY HELD

1 71 2	557 BALTIMORE CITY	HEALTH DEPARTMENT	71 2557
BIRTH NO.		TE OF DEATH REG. NO.	
I.NAME OF DECEASED	2 11	2. DATE AND HOUR OF DEAT	тн
John son,	sally.	3/13/7/	800
L PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceosed lived.	institution: residence before admission
FULL NAME OF HE NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Mary I. I	908
NEUTITION ADDRESS OF FOCKION		101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	NSIDE CITY LIMITS?
2 Johns Hopkins 1	Laspital	Baldemer	YES NO
570 MWS 140 6 14000		E. STREET AND NUMBER	
		2315 AIKEN	STREET
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	OWED DIVORCED	06-15-01 19	Willias Doys Hours William
A. USUAL OCCUPATION (Give kind of work 10B, Ki	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTR
Nouseull		7/4	(1 SA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2-1/
Apolit Dunger	_ //	1110-11	2
Mos Deceased Ever in U. S. Armed Forces?	- 17	NANNIE FA	96E
es, no or unknown) (II yes, give war or dotes of se	SECURITY NO.	17. INFORMANT	ADDRESS
	230-72-540	1 Sally human	315 delen Il
18. 11.	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Carclinia Arrest	
1This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	
injury or camplication which caused death.		1 1 1 1	
ANTECEDENT CAUSES	101 105511	ale dia tolistoricità. I	. balo !
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating UNDERLYING CONDITION last.		yeo cardled injoint in	
11	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING		
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL Prumoci	OCCIT penemonia I Bussis	R/0 5 BE
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPST! (Yos or No) 208, IF YES, WER	E FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION WAS PERFORME		No IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURT (o.g., in	or about 21C. WHERE DID (If In Baltim	ore City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH inotify medical examines	home, form, loctory, street, off	ICO DIGGO INJURY OCCUR?	
21D-TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	Z NOW DID INJURY OCCUR:	
22. I certify that (1) (this hospital) atten	ded the deceased from	3)2 19 7/ ta	3/13/19/7/
that (1) (we) last saw the deceased alive	e an	319	pinian death accurred an the dat
and have and from the causes stated abo	ove (I) (We) (did) (did not) vi		
23A. SIGNATURE			23B DATE SIGNED
Voxe, Do.	MD After	nding Med. Staff Phys.	
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	
NAME (Type)	MD	1:310	(1
A AURIAL CREMATION INC.	ENSEN DEGREE	601 H. Broadway	Saltimore Md
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERT of CRE	MATORT 24D. LOCATION	City, town, or county) (Stote)
Compul, 31671		technond	Va.
SA. DATE REC'D BY HEALTH DEPT. 258. N.	MAL DE POGISTRAL	25C, FUNERAL DIRECTOR	ADDRESS
WHY TO ISM! (NOR OF LINE	(Jan)	Colintan. N. 11	29 n Cauloned
\$ 150-REV. 1/1/68			



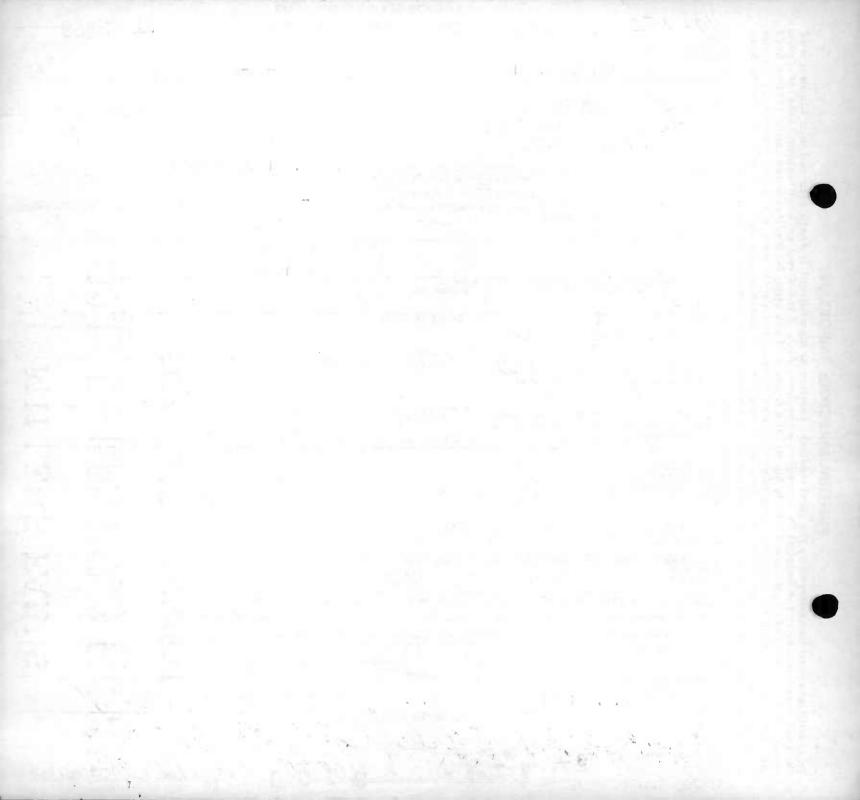
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such was ingreduced by the deceased prior to death. Such

	1000 71 2558		HEALTH DEPARTMENT	REG. NO	71 2558			
1	NAME OF DECEASED			D HOUR OF DEATH				
	ype or Print) SAUITA	1-04		-13-71	15-30 PM.			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	ilution: residence before odmission)			
H F	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	130 M.	aisquite	E CITY LIMITS?			
	Mon Tepullo Stat	a Hop		. 1	YES NO			
	71 BOLT. N	A 1	E. STREET AND NUMBER		1			
5.		I'd .	1 - 19.	9. AGE III veors	th 31.			
)= N MAK	RIED NEVER MARRIED DIVORCED DIVORCED	12 21 20	lost birthogyl	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10	A. USUAL O CCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE [Stole or force	an country)	2 22 17 30 12. CITIZEN OF WHAT COUNTRY?			
ll de	ne during most of working life, even if retired) HSWFE	14000	811 10	9				
13	FATHER'S NAME	TTOYGE	14. MOTHER'S MAIDEN NAM	ity Ma	USA.			
	Richard Bla	1/1.000		1.1				
15	Wes Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	Johnso	ADDRESS			
111	s, no of unknown) (It yes, give wor for doles of serv		Rh+O	10. 12	SAN 01- +00			
H	18. 2 3 / 9	CAUSE OF DEATH	noperi Co	man-1	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Bilal, Um	Luyurla	3-4-73-13			
	(This does not mean the made of dying, heart toiture, asthenia, etc. It means the dise	P.C.	A CONSEQUENCE OF:	***************************************	***************************************			
	injury or complication which caused death.)	(1)		0 11 '				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	(B) CO 00 45	A CONSEQUENCE OF:) 00m, 1m	3-4-3-13			
	rise to the obove couse (A) stoling	the DOE 10, OK AS	(new wheen ?					
	UNDERLYING CONDITION tast.	(c)	Thus water	70	(
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG OPPORT	· 1/2 . 0 C	2) Granul	metery			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).		w vage Vis	usitions	- 7 sported.			
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN	DINGS CONSIDERED			
CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		City, give exoct location)			
AL	DEATH Instify medical examined	home, form, factory, street, offi	ice bldg., INJURY OCCUR?	pr in commore c	siry, give exoct locolicity			
MEDICAL	21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
×	OF INJURY IAPPROX)	While At Work Not While						
	22. I certify that (I) (this hospital) attended	Little Wi HOW		364. 3-	./ 3 10 (7)			
	that (I) (we) lost saw the deceased alive		179 4	68 to 3-	in death accurred on the date			
	and hour and from the causes stated abay			in (m), (out) obline	in death accurred on the date			
	23A SIGNATURE	(1.12) (1.12) (1.12) (1.12)	way allel deaths	[23	B. DATE SIGNED			
	Deage F. Kitch	Aften Phys.	ding Med. Director	itaff hys.	3-13-71			
	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	.,,	7,0 7,			
	1 5	W18 12 Decem	6104 M	arlona 1	2d Bolling			
24	BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City.	lown, or county) (Store)			
-	19unal 3-1 1-71	arbutes	mymtal (Wenders	The -			
25	DATE REC'D BY HEALTH DEPT. 25B, NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	1 (1)	ADDRESS			
F	MAR 15 1971 Robert 4 Fact	sey red	a cellitte	0.74.1	127/1(andon0)			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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2	.)			BALTIMORE CIT	TY HEALTH	DEPARTMENT				
BIR	J-45	2 71 1	2559	CERTIFICA	ATE C	F DEATH	REG. NO.	71	2559	
	AME OF DEC	EASED FSTHER W	III I I AME				14-71 3	14/7, 1	-	5 4 M.
3. 1	PLACE IN BAL	TIMORE MARTLAND, W	HERE PROND U	NCED DEAD	A. USU	AL RESIDENCE TWI	here deceased lived, I	l institution: resi	idence before od	
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		MARYLAND	ID. 1	NSIDE CITY LIM	808	7
1143	THE	JOHNS HOPKIN	S HOSPI	TAL		ALTIMORE		YES V	№ □	
	BALT	IMORE, MD 21	205			ET AND NUMBER				
							DOLE STREE			
5. \$		6. RACE	WIDOWED	NEVER MARRIED DIVORCED		OF BIRTH	9. AGE lin years lost birthdoy)	Months D	Yr. If Under Poys Hours	24 Hrs. Min.
104		I NEGRO JPATION (Give kind of work		med Lean		7-10223 HPLACE (Stole or fo	oreign country)	12. CITIZE	N OF WHAT CO	UNTRY?
don	during most of t	working life, even if reffred)				m	0-	1	157)
13.	FATHER'S NAM	ME			14. MO	HER'S MAIDEN N	AME			
15, 1	Was Decembed	Ever in U. S. Armed For	ces?	1 & SOCIAL	17. (NFC		COLEMAN		ADDRESS .	
(Yes	, no or unknown)	ilf yes, give war or date	s of service)	SECURITY NO.	光	isable	Branch	-162-	SC/Bu	Relat
	18. 3 4	5101		CAUSE OF DEA	TH			88	APPROXIMATE INT	
		E OR CONDITION DE	RECTLY		_	10	,			
		of mean the mode of	dylna, e.a.,	(A) IMMEDIATE C		retral in	Juction			
	heart failure,	initia does not mean me mode of dying. a.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.]								
		ANTECEDENT CAUSES 2ºto humo facternia + range anest								
		R CONDITIONS, IF		DUE TO, OR	AS A CONS	EQUENCE OF:	a + court	rae are	7/	
	rise to the above cause (A) stating the									
	UNDEKLING	CONDITION 1655		(c) /1/2)	
CERTIFICATION	TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL						-	
CA		ONDITION GIVEN IN PAR OPERATION 119% CON	DITION FOR W	HICH OPERATION	[20A.	AUTOPSYT (Yes or	No. 20B. IP YES, WE	RE FINDINGS C	ONSIDERED	
RTIF	0	WAS PER	PORMED			NO	IN CERTIFYING	CAUSES OF DE	EATH?	
	DR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	218. home	PLACE OF INJURY le.g., form, factory, street,	In or above affice bldg.	21 C. WHERE DID	(If In Bolti	more City, give	exact location)	
MEDICAL	21D. TIME	(Month) (Doy) (Year)	(Houd 21 E	INJURY OCCURRED		21F. HOW DID (NJURY OCCUR?			
Z	OF INJURY IAPPROX.)		While	Not W	hile 🔲					
	22. 1 certify	that (1) (this hospital			2/2	. 5	19 2 1 to	3/1	14 19	71
		last saw the decease		2/11/	/ 19	2/ and	that in(my) (apinian death		
	100	from the causes sta		, , ,						
	23A. SIGNATU			(32) (610) (62	7100 1110	/ citer dean		23B. DATE	SIGNED	
		45/hm		1 0	Hending V	Med. Director	Staff Phys.	2/	/ 4	
	23C. PHYSICIA	N'S		DEGREE	23D. ADI		· ity s.	-1-9//	1	-
	NAME (T	J.S. KIZE	?	M.D.	1	THE JOHNS	HOPKINS H	OSPITAL		
24/	BURIAL CRE	MATION, 248. DATE	24C.NA	ME of CEMETERY of C		24D.	LOCATION	(City, town, or	county)	(State)
-	REMOVAL (Specify) 3 -18	7/ //	T.O. A.	0	100	Thorato.	it .	mil	
25/	DATE REC'D	BY HEALTH PEPT.	256 NAME O	PREGISTRAR	125C.	FUNERAL DIRECT	OR 1	1	ADDRESS	11.
1	MAR 15	1971 Robert &	19 de	3300	2 8	affect of	A.N.1	12911	Carel	2011
VS	150-REV. 1/1/	68	- A manage		-	7 0			4413	

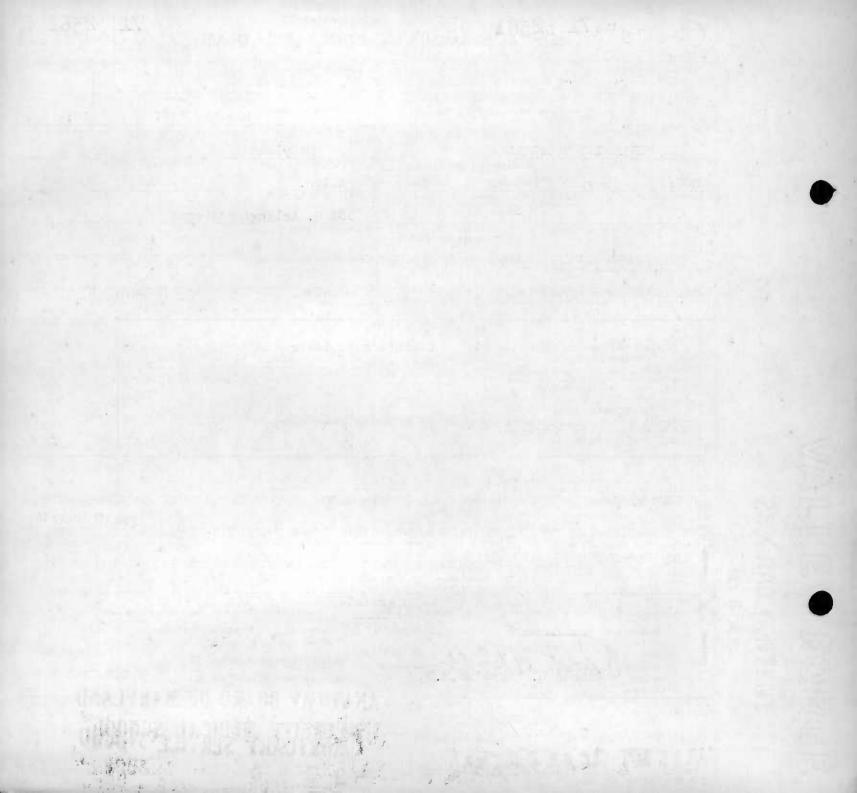


4-400)	and the same of th	HEALTH DEPARTMENT	71 2560
	60 CERTIFICA	TE OF DEATH REG. NO	4 × 5000
I.NAME OF DECEASED (Type or Print) MARY		2. DATE AND HOUR OF DEAT	8/7/1 2:00 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Marylan & BALTM C. CITY OR TOWN CATONSVILLE D. IN	
38University of MARKAND	Hospital	E. STREET AND NUMBER Spring Grove State He	YES NO NO
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	/
F WIDON	WED DIVORCED	12-27-08 last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired) Leading MUNICUITE MUNICUITE	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Un Known	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	n ston Cross	14. MOTHER'S MAIDEN NAME Jadi	e Becknith
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknawn) (If yes, give war ar dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Hospital record	ADDRESS
18. 1/868 3 250 6	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	,		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	Pheumonia	3+ days
(This does not mean the mode of dying, heart failure, osthenia, etc. 11 meons the dise	DHE TO OP AS	A CONSEQUENCE OF:	***************************************
injury or complication which caused death.)			
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	**************************************
DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C)	A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG CNS Lucs	mellitus with Platetic Come Siezure Gisorder	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING T	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., I home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID (If In Boltim lice bldg., INJURY OCCUR?	are City, give exact lacation)
21D.TIME (Month) (Day) (Year) (Haur)	21 E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At At Work	• 🗆	
22. I certify that (f) (this hospital) attend	ed the deceosed fram	2-26 19 7/ 10	2-28 197/
that (1) (we) last sow the deceased alive	on 2-28	19ond that In(my) (our) o	pinion deoth occurred on the date
and hour and from the couses stated abov			
23A. SIGNATURE A Cells	MD Atte	nding Med. Staff Phys.	238, DATE SIGNED 2-28-7/
	OBERC OEGREE	23D. ADDRESS LINIVEYS, TUDO OF A	ADVI AND
24A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CT	MARIUMI BUAKIENUT M	City, sown, or county (State)
100 3-1-31	AND REGISTRAR	INIVERSITY MEDICAL	SCHOOL DEBESS
	000	CAPTIBLE CEDVIC	F _ RCHD
V\$ 150-REV. 1/1/6B	F B 34	MOKIUANI SEKYIL	

Adm. 9/4.4

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	Hour
(Type or Print) FRANK ORR OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence believed.)	10:45 A _M
A. STATE B. COUNTY	11
UNIVERSITY HOSPITAL Maryland 6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	01
MARKIED INEVER MARKIED	
Male Negro WIDOWED DIVORCED Balto. YES No. 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	
lost birthdoy) 50 Months Doys Hours Min. 538 N. Arlington Avenue	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if refired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS	
19. CAUSE OF DEATH	OXIMATE INTERVAL
BETWEE	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cirrhosis of Liver	
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (DIFTO OR AS A CONSEQUENCE OF	
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, Injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPS	Y? (Yes or No)
	artial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 12C. WHERE DID (If In Boltimore City, give exoct location) INJURY OCCUR? 12B. INJURY OCCUR? 12B. INJURY OCCUR?	
OFINITIPY	
(APPROX.) m, WHILE AT AT WORK AT WORK	
I certify that I held an Inquiry Inspection (Pautopsy X) and that on this basis, death in my apinian	
resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER	ATE SIGNED
SIGNATURE ASSISTANT MEDICAL EXAMINER X	ATE STOTAED
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 3/3/7	1
NAME (Type)	D
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY A CEMETERY	(Stote)
1 INIVESCITY MEDICAL SCHOOL	0
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ע

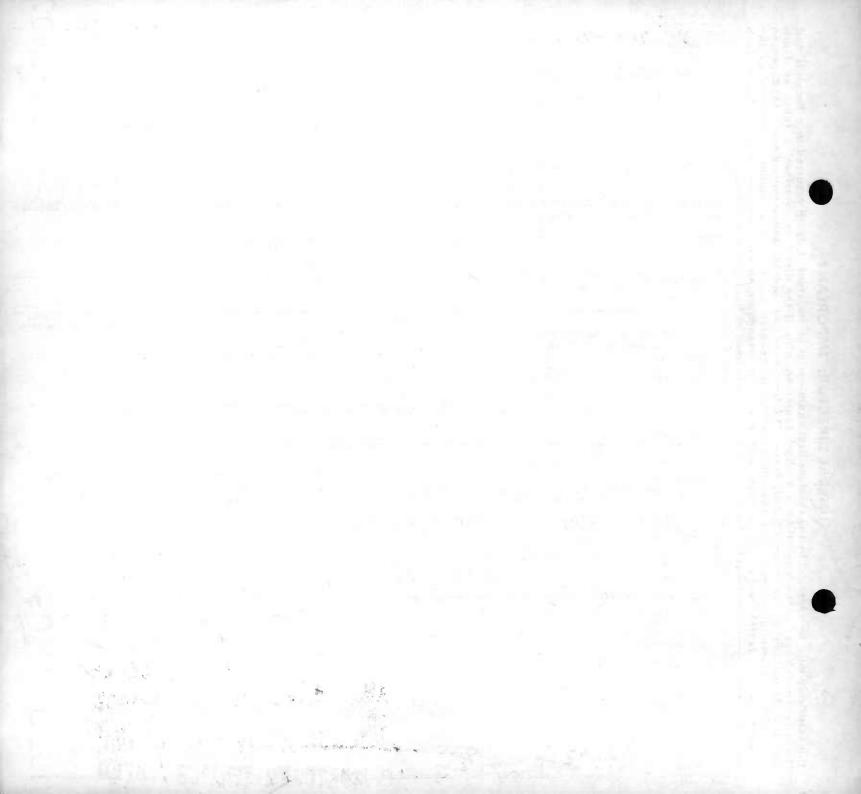


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

0 416	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 21-04997 25	62 CERTIFICA	ATE OF DEATH REG. NO.	71 2562
(Type at Pol)	chy Box	2. DATE AND HOUR OF DEAT	1 3 120 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	c. city or town D. II	NSIDE CITY LIMITS?
43		Balto	YES NO
South Baltimore Ge	n'l. Hosp.	E. STREET AND NUMBER 1701 Covington	5+,
m wide	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7 Mar, 19,7/ 10st birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Ki done during most of working life, even if refired)	NO OF BUSINESS OR INDUSTR	Mary land	112. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Walter L. Cu	Ibertson	Rita Lawser	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of se		17. INFORMANT	ADDRESS
18. 74/9	CAUSE OF DEAT	TH THE	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANALISEDIATE CA	USE Immaturity	9 hrs.
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
injury or complication which caused death.			
ANTECEDENT CAUSES	(8)	A CONSEQUENCE OF:	******************************
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving Doe 10, OK A:	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost	(c)	***************************************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBU OTHER DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (a).	TING Spina	, bilda	
198. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218 PLACE OF INJURY (e.g., home, form, foctory, street, o		nare City, give exoct lacation)
21D-TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Work At Work	215. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) atten	ded the deceased from	3/7 1971 tg	3/8 19 71
that (1) (we) last saw the deceased allve	2/0	19 7/ and that In(my) (our) a	pinian death accurred an the date
and have and from the causes stated abo	ve. (1) (We) (did) (did not)		
23A. SIGNATURE			23B, DATE SIGNED
James le Com	pe du DEGREE Phy	nding Med. Staff Phys. C	3/8/71
23C. PHYSICIANS NAME (Typo) James A. Ko		23D. ADDRESS South Bult. Gen. Hosp.	, Bull. Md.
	AC. NAME of CEMETERY OF CA	NATOMY BUARDOUF M	(State)
MAR 15 197	OF MENTAR	NEVERSITO VECTMEDICAL	SCHOOL BUDS
V\$ 150-REV. 1/1/68		- MORTUALI SUATIO	4 7

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

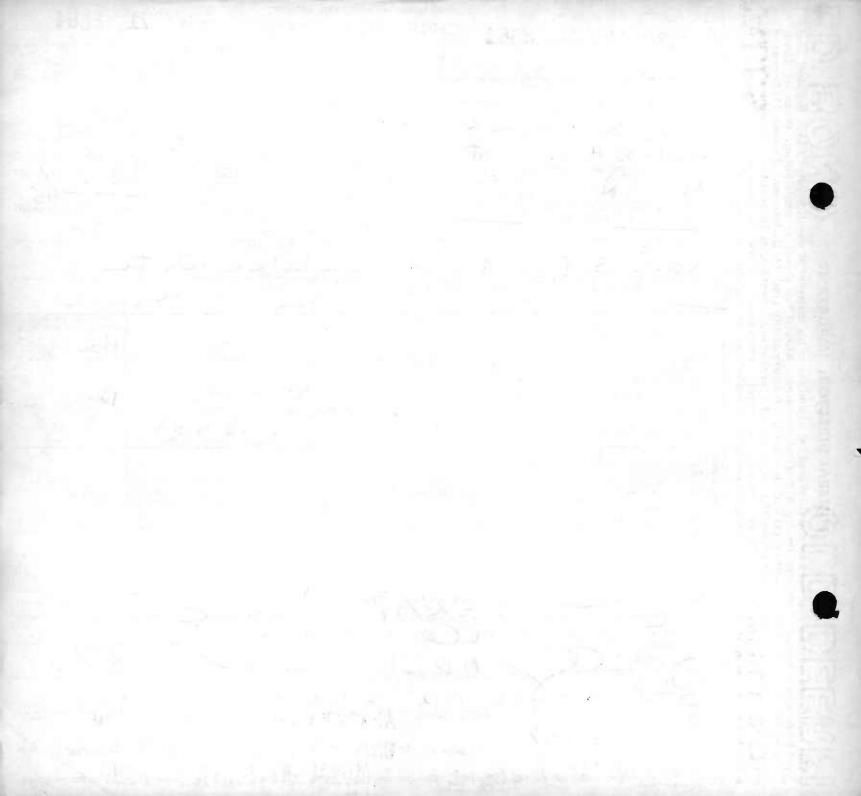
1 1		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	52,-029971 25	63 CERTIFICA	ATE OF DEATH	REG. NO	71 2563 4
(Type or Pri	int) \ (2_ (6-1	2. DATE AN	ID HOUR OF DEATH	
3. PLACE I	IN BALTIMORE MARYLAND, WHERE P	ONOUN CED DEAD	14. USUAL RESIDENCE IWhe	re deceased lived. If in	stitution: residenco beforo admission)
FULL NAM HOSPITAL INSTITUTIO	AF OF UF NOT IN HOSPITAL OR I		WT	· · · · · · · · · · · · · · · · · · ·	2003
INSTITUTIO	() () () ()		C. CITY OR TOWN Ba (+5 m or		DE CITY LIMITS?
Som	th Baltimore Hospital	General	E. STREET AND NUMBER		YES NO NO
45	H028:15	A Part of the Control	1931W	Baltimo.	re 84.
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
Fen		WED DIVORCED	12/22/71	lost birthdoy)	Months Days Hours Min.
done during	OCCUPATION (Give kind of work 108, KIN most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn country)	12 CITIZEN OF WHAT COUNTRY
-			my		
13. FATHER	'S NAME	***	14. MOTHER'S MAIDEN NA	ME	
Cen	crtis Adau	m s	Vivian	- Gagne	11 Gara
15. Wes De	ceased Ever in U. S. Armed Forces? nknown)[lif yes, give war or dates of sen	16. SOCIAL	17. INFORMANT	3,0	ADDRESS
	70, 810 101 01 0000 01 201	SECURITY NO.	Father		l
18.	38.9	CAUSE OF DEA			APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIRECTLY	Ð.,	4	1-00	BETWEEN ONSET AND DEATH
171.1	LEADING TO DEATH	(A) IMMEDIATE CA	USE (CYE	(3ll. 200	,)
heort fo	loes not mean the mode of dying, allure, asthenia, etc. It means the disc	C.C. DUE TO GO AS	A CONSEQUENCE OF:		
Injuty o	or camplication which caused death.)				
	ANTECEDENT CAUSES	(B)			
rise I	SES OR CONDITIONS, if any, gi to the above cause (A) stating	iving DUE TO, OR A	S A CONSEQUENCE OF:		
UNDER	RLYING CONDITION last	(c)		\$#####################################	
2	11	0 1	: /		
E ITO THE	SIGNIFICANT CONDITIONS CONTRIBUTE DEATH BUT NOT RELATED TO THE TERMI	ING NAL (YO)	ochlas Jer	75.73	Iwk
DISEASE	OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSYZ (Yes or No		INDINGS CONSIDERED
S S S S S S S S S S S S S S S S S S S	WAS PERFORMED		1/25	IN CERTIFYING CAU	SES OF DEATH?
OR CON	CIDENT WAS UNDERLYING NITIBUTING CAUSE OF	218 PLACE OF INJURY Is.g., home, farm, foctory, street, etc.)	in or obout 27C. WHERE DID	(II In Boltimore	City, give exact location)
0 21 D. TIA		21E INJURY OCCURRED	015 110 110 110 110 110 110 110 110 110		
OF INJU	URY	While At Not Whi	21F. HOW DID INJ	URY OCCUR?	
		11014 111 11014			
	ertify that (1) (this hospita) attend	_ /.	8/88	9_10_10	19)
	(we) last saw the deceased alive		19	ot In (my) (aur) opin	lan death occurred an the date
and ha	ur and from the causes stoted obov	ve. (1) (Welldid) (did not)	view the bady ofter death.		
23A. SIG	INATURE OF O	1	- dt		238, DATE SIGNED
	- Carlo	PEGREE Phy	ending Med. Director	Staff Phys.	1/22/21
23 C/PH1	YSICIAN'S ME(Type)	X 1. 2	23D. ADDRESS		
24A. BIIDIA	CREMATION, 124B. DATE 124	IN. D PEGREE	ANATOMYRA	DIMAE IN	880 1883.
REMO	VAL (Specify)	IC. NAME OF CEMETERY OF CR	EMAIORY OTTA A MODILO	CRIM UI ITEM	(State)
25A PAT	0-// - / /		UNIVERSITY	AEDICAL &	CHAOL
MAD	REC'D BY HEALTH DEPT 258, MAT	OF MEGICIAL	25C. FUNERAL DIRECTOR		CIA U LODRESS
VS 150-REV.	1/1/68		-FARTHARI	SPACE-	BCW
A 6			THE LANGE OF THE PARTY OF		



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1768

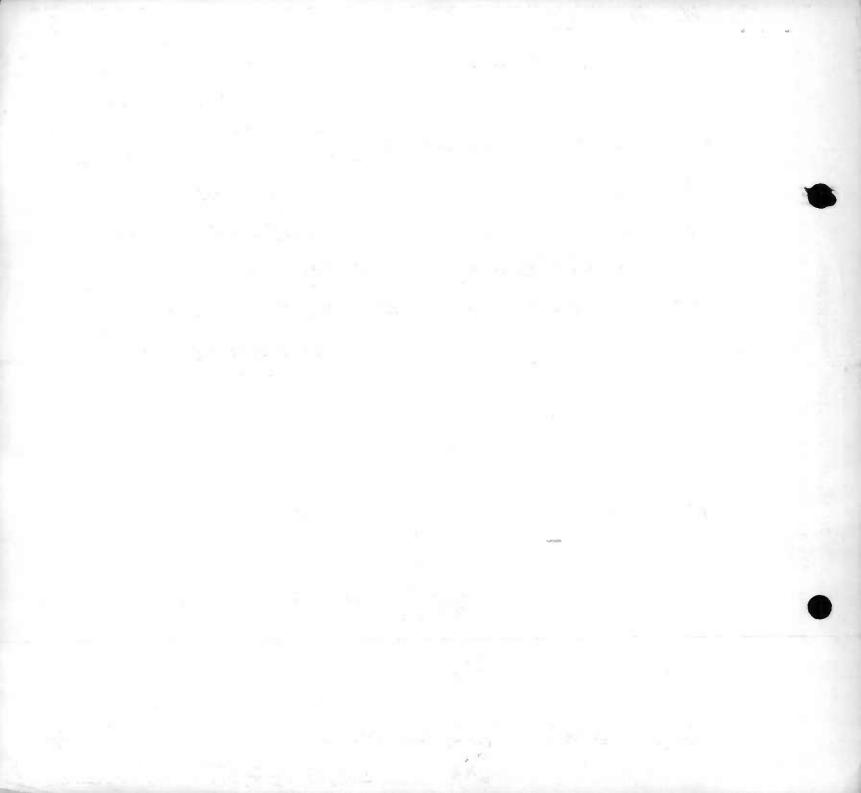
lived. If institution: residence before admission! D. INSIDE CITY LIANTS? NO If Under 1 Yi. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that (n(my) (our) opinion death accurred on the date 23B. DATE SIGNED (Stole)



IMPORTANT

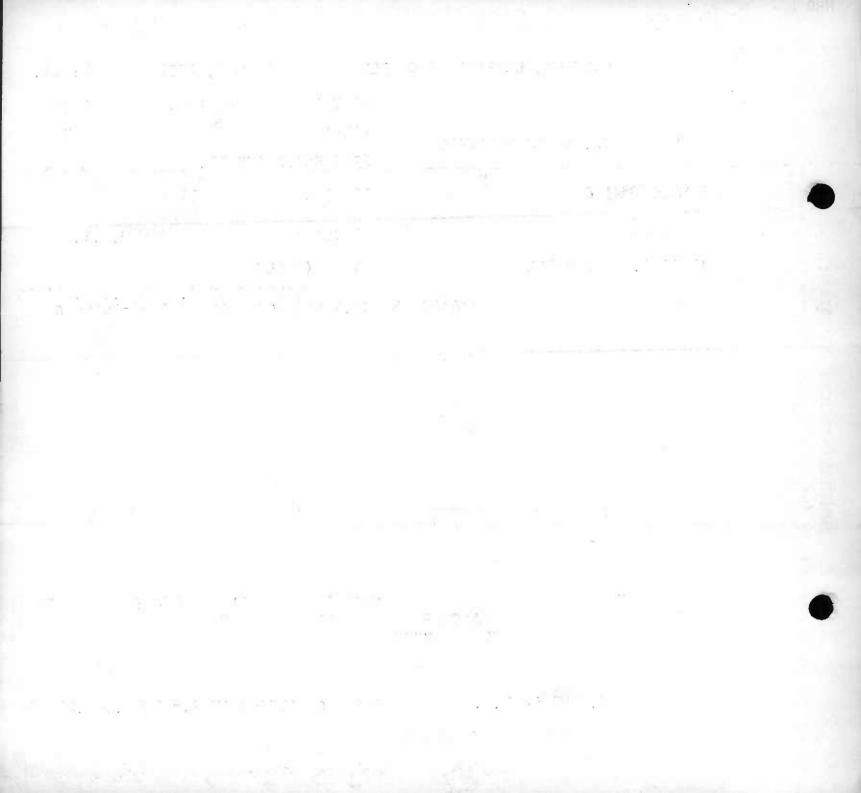
FUNERAL DIRECTOR:

Mello	ma o	MADE	BALTIMORE CITY	HEALTH DEPARTMENT	X	1791.4	0.400
BIRTH NO.	1/1 4	2565	CERTIFICA	TE OF DEATH	REG. NO	/1	2565
(Type or Print)	SARAH	1A. M	URPH	2. DATE	AND HOUR OF DEATH		1.30P
3. PLACE IN BALTIMORE	MARYLAND, WHERE	PRONOUNC	ED DEAD	4. USUAL RESIDENCE	Where deceased lived. If i	nelitation: tosi	deese beleve edicion
FULL NAME OF (IF I	NOT IN HOSPITAL OR DRESS OR LOCATION)	INSTITUTION		MARYCANA	AUNE	ARU	NDEL
	1671ADIKE	FEI	. Maso = 11	RORIH LIP	THICHM	YES	пs? No □ 527
	10/1/0/0/00	-77 N	frest 11 AL	E. STREET AND NUMBE	ANNAP	olis	RP.
5. SEX 6. RACE	WID	OWED	DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In yeors lost birthday)	If Under 1 Months D	Yr. If Under 24 Hrs. oys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEI	N OF WHAT COUNTRY
RETIRES 13. FATHER'S NAME		10	KE	MARGO	ANP		ERICAN
WILLIAM	Mc Cla	SKP		CATHER'S MAIDEN	NAME INE LIEN	BACI	4
15. Was Deceased Ever in U	S. Armed Forces?	16,4	SOCIAL	17. INFORMADIT	10 2/010		DDRESS
(Yes, no or unknown) (If yes, g	Mone	ervice)	SECURITY NO. 15-03-1873	4 Haspita	1 Records		DURESS
18. 15 1, 9	1		CAUSE OF DEATH				APPROXIMATE INTERVAL
	NDITION DIRECTLY	1		TER	dillal	CA BET	WEEN ONSET AND DEATH
(This does not mean heart failure, asthenia, injury ar complication	elc. it means the di	CAREA	DUE TO, OR AS	CONSEQUENCE OF:	DMACH		
	ENT CAUSES	•	•	0101	- // - //		
the second secon			(B)		***************************************		
DISEASES OR CONE ise to the abave UNDERLYING CONDI	cause (A) stating	giving g the	(C)	A CONSEQUENCE OF:			
	11		(-/				***************************************
O THE SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	NOITIONS CONTRIBU	INIAL	*************				
19A DATE OF OPERATION	N 198 CONDITION WAS PERFORME	FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or	10 208 IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DEA	NSIDERED
OR CONTRIBUTING CO	NDERLYING AUSE OF	218, PLAC home, for etc.)	E OF INJURY (e.g., In m. loctory, street, offi	or obout 21 C. WHERE DIE	(If In Boltimor	e City, give e	xoct location)
OF INJURY (APPROX.)	(Doy) (Year) (House	While At	RY OCCURRED Not While	21F. HOW DID	NJURY OCCUR?		
		Work	At Work				
22. I certify that (I) (that (i) (we) lost sow			ceased from /	- 22 - H	19to3 = that in(my) (our) opti	12	19
) (did) (did nat) vi	ew the body ofter deat	h.	non deoty (occurred on the date
a a	rulis	14.	DEGREE Phys.	ding Med.	Stoff Phys.	23B, DATE S	13 - 71
23C. PHISICIAN'S NAME (Type)			DEGREE	D. ADDRESS	16 6-1	1/000	
24A. BURIAL CREMATION, BEMOVAL (Speely)	24B. DATE	4C.NATAE .	DEGREE CREA	MATORY 24D	LOCATION (Cit	y, lown i co	unity) (Stote
Burst	3/16/7/ H DEPT. 258. N	AME OF REG	AT Hell	Emeloty	Grootfun,	MAL	MA.
MAR 1 6 1971	Paleate E. F.			2SC. FUNERAL DIRECT	Malfar		ADDRESS
/S 150-REV. 1/1/6B				/			



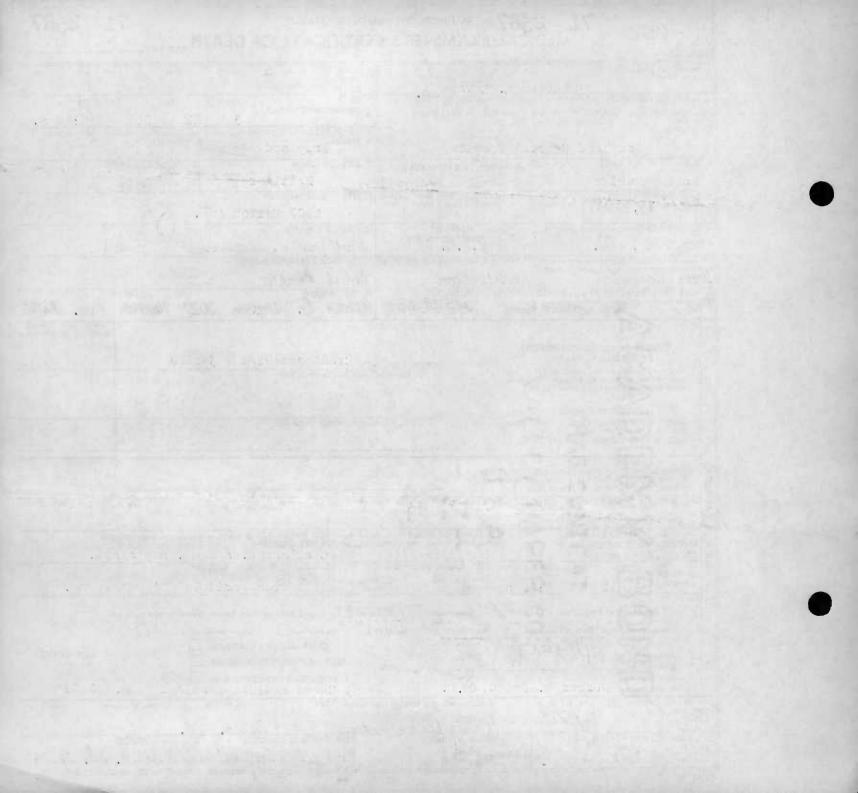
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIE	D-456		71	25	66			H DEPARTMENT		G, NO	71	25	66
1, 1	NAME OF DECI		MEDT	1.0	DETT	TA MCDO	INC.		AND HOUR				
3.	PLACE IN BALT	MORE, MA	RYLAND, W	HERE PRO	NOUNC	A MCDON	4. USU	AL RESIDENCE (V	ARCH 9 Where decease	d lived. If i	nstitution:	residence b	efore admission
FU	ILL NAME OF OSPITAL OR STITUTION	(IF NOT		AL OR IN		N, GIVE STREET	MA F	OR TOWN		TIMOR		21	228
1	40	ST	. AGN	ES H	OSPI	TAL	E. STRI	T I MORE			YES] N	• X
5	SEX	6. RACE		10			632						300
	FEMALE	WHIT	-	WIDOV	VED	NEVER MARRIED DIVORCED	片 11	27 99	9. AGE (In	71	If Und Manths	Doys H	Under 24 Hrs.
AO1	LUSUAL OCCU	PATION (Give	kind of work	108, KINC	OF BU	SINESS OR IND	STRY 11. BIRT	HPLACE (State or	foreign country)	12. Ct1	TIZEN OF W	HAT COUNTRY
	JAL			DE	PT.	STORE	MAR	YLAND				U.S.A	
13.	FATHER'S NAM							THER'S MAIDEN	NAME			U.J.A	
	JAMES E	. MC I	ONNE	LL			NAN	NIE (HEA	LY)				
15. (Ye	Wos Deceased s, no or unknawn)	Ever in U. S.	Armed Fore	cos?	1 6.	SOCIAL SECURITY NO.			KENS A	/EC	DALT	ADDRES	\$ 01000
	No	// 9/10		- ur ourth		1424600	T2 4	AGNES H					
	18. 1 1 0	1661				CAUSE OF D		AUNES III	USI I I A	- KEU	OKD 3	APPROXI	MATE INTERVAL
		OR CONE		ECTLY								BETWEEN O	NSET AND DEATH
	(This does no	EADING TO		duina		(A) IMMEDIAT	ECAUSE A	SCYD					
	heart failure, c	sthenia, etc.	il means	the disec	s.g., ase,	DUE TO, O	R AS A CONSE	QUENCE OF:					
	injury at comp	NTECEDENT		deam.)									
	DISEASES OF			n.m.a _t		(B)	P AS A CONS	EQUENCE OF:					
	rise la lhe	above co	use (A)	slaling	lhe	502 10, 0	W W2 W CO142	EQUENCE OF:					
	UNDERLYING	CONDITIO	V last			(c)							
ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOTRE	LATED TO TH	E TERMIN	IG AL	2055.	ventric	ular AN	eurisr	7 .			
RTIFIC/	19A. DATE OF	OPERATION	198 CONI	DITION FO	DR WHIC	CH OPERATION	20 A.	AUTOPSY? (Yes or	No) 208, IF	TES WERE	FINDING: USES OF	S CONSIDE DEATH?	RED
S	21 A. ACCIDENT OR CONTRIBUT DEATH (notify r	WAS UND ING∐CAU nedical exam	ERLYING SE OF		218. PLA home, fo etc.)	CE OF INJURY (arm, factory, stre	e.g., in or obou	21C. WHERE DID	(1)	In Boltimo	re City, gi	ve exect loca	otion)
MED	21D. TIME OF INJURY (APPROX.)	Month) (Do	y) (Year)		21E INJ While A Work	URY OCCURRED	While	21F. HOW DID	INJURY OCC	JR?			
	22. I certify t	hat (X) (this	hospital)	- 1		eceased fram.		6	_19 71_	n MΔR	CH O		10 71
	that ()) (we) I							71 and					ed on the date
							oX) view the	bady after deat	h.	,, _p,			
	23A. SIGNATUR										23 B, DA	TE SIGNED	
			H	.64	zna	4 M.D. DEGREE	Attending Phys.	Med. Director	Staff Phys.		3/	9/7/	,
	23C. PHYSICIAN NAME (Typ	rs pe)			-	DEGREE	23D. ADD				1		
		Н.	GUZN	MNN	1.D.	-	CATO	N & WILL	KENS AL	ES -	BALT	O. MD	.21229
24A	BURIAL CREM	ATION, 248	DATE	240	NAME	of CEMETERY O	UREE		LOCATION		ity. town,		(Sigle)
	Burin	قن ال	-12-1	70	Cal	Thedral	Cerni	ley	Bull	com			local.
25 A	DATE REC'D	Y HEALTH	YPT .	258. NAN	S OF A	GISTRAR	25C.	FUNERAL DIRECT	OR			ADDR	ESS // /
	MAK 18	19/1	Collect o	- 45-1	ربود	2	n Fa	ray CA	Heren	agla.	Gua	Rock	zellons
15	150-REV. 1/1/68						10.0		Te .		- 43		7



VS 151-REV. 1/1/68

BI	25	70 7	1 2 MED	2567 DICAL I	BALTIMORE CITY HE			OF I	DEAT	H REG	6. NO	71	2	567
1.	NAME OF DE	CEASED				2. DATE	Known	[]	Month	Do	Dy .	Yeor	Hour	
(1)	pe or Print)		Willi:	am R.	Lawson Ca	OF DEATH	Estimo	ited 🗆						м
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						UNICED O	F40	Month	Do	Υ	Yeor	Hour	
HC	LL NAME OF	ADDRE	SS OR LOCA	IL OR INSTITUTION)	TION, GIVE STREET		UNCED D		3	12	71		9:4	0 a. M
Maryland General Hospital						5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7 6 7 7 7 7 7 7 7 7 7 7 7							dmission)	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED							C. CITY OR TOWN D. INSIDE CITY LIMITS?							
male white widowed Divorced D					Baltimore YES → NO □									
9. DATE OF BIRTH April 15, 1930 lost birthdoy) 40 H Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.						E. STREET		A	n Ave					
11.	BIRTHPLACE (State or lareig			CITIZEN OF	13. FATHER								
1	Hanover	, Md.			WHAT COUNTRY?	Southern W. Lawson								
14A don	USUAL OCCU	JPATION (Give	kind of work	148. KIND O	BUSINESS OR INDUSTR	15. MOTHE	R'S MAID	EN NAMI	E					
		ker		Const	uction	Mabel	Mar	tin						
16. (Y#	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.60	18. INFOR		,			ADDR			
4	s, no or unknown	Aviny (peace	time!	212 28 4169	Doris	E.	Lawso	on 20	127	Harma	in A	lve.	21230
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dyling, e.g., heart lollure, osthenio, etc. If meons the disease, injury or complication which coused death.) CAUSE OF DEATH (A) IMMEDIATE CAUSE Craniocerebral injuries DUE TO, OR AS A CONSEQUENCE OF:														
NOI	DISEASES RISE TO TH	NTECEDENT (OR CONDITION E ABOVE CAU NG CONDITION	ONS, IF ANY, JSE (A) STAT ON LAST.	, GIVING ING THE	(B) DUE TO, OR	AS A CONSE	QUENCE C	DF:						
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERMINA	3					***************************************				
ERT					WHICH OPERATION WA	S PERFORM	ED				21	. AUTO	PSY? (Y	(es or No)
	2											yes		
MEDICAL	UNDERLYING	NAL CAUSE IN CONTAINSE OF DEA!	RIB-	non	PLACE OF INJURY (e.g., ie, lorm, loctory, street, office ouilding site 22E.INJURY OCCURRED	bldg., etc.)	Charle	es St.	and	Mt.			110	2
	(APPROX.)	3 12	71 9:	05 a m.	WHILE AT WORK NOT	WHILE ORK	fell f	from s	caffo	1d 4	0' to	gro	und.	
	ACTUAL SIGNAT EXAMIN	URE LU	old on In	nquiry 🗌	Inspection Autority Suicid	e Ho	ond the	Ur DICAL EXA	s basis, ndetermin AMINER AMINER	death 1	n my opi	nlon	DATE S	SIGNED
24	NAME (MATION. 24	18. DATE		4C. NAME of CEMETERY	or CREMATO			CATION	-			.2/71	
RE	MOVAL (Spec	lfy)	115/01		c , c			240, 10	/ ·	(City	, town, or	county)		(State)
	Durial A. DATE REC'D	BY HEALTH D	//5//7 DEPT.	258. NAM		netery	UNERAL	Bal	to.	Md.	ADDR	ECC		
N	IAR 16	1971	20€	Fa. Ber	A. C. C.		ully.			Home			d. 2	1225



	urred in a hospital and ibuting cause of death ined cause; (5) Deceased alar attendance on the d prior to death. Such	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	Written approval must be obtained before the remains are embalmed or final disposition is made
	This certifithe body v shows: (1) was D.O.A deceased	Written an

1/-1/20 71 2568 BALTIMORE CI	TY HEALTH DEPARTMENT
DIRTH NO.	ATE OF DEATH REG. NO. 71 2568
1. NAME OF DECEASED (Type or Print) Kloess, Mr. John A.	2. DATE AND HOUR OF DEATH 3-13-71
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission
THE TRANSPORT	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Baltimore 2778
NOTUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
9/	Baltimore YES NO
//	E. STREET AND NUMBER
Keswick Home of Baltimore City 5. SEX 6. RACE 7. MARRIED TO MINISTRALE	5621 Ready Ave. Baltimore, Md.
M MARRIED NEVER MARRIED	8. DATE OF BIRTH. 9. AGE (In years If Under 1 Yr. If Under 24 Months; Doys Hours; Min.
WIDOWED K X DIVORCED	11 5-22-69-84 00 1 1
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST) done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
Owned & Omenated Restaurant & Bar	Baltimore, Md. USA
Owned & Operated Restaurant & Dar	14. MOTHER'S MAIDEN NAME
Henry Kloess	Lena Schmuck
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT Medical ADDRESS (Records)
<u>Unknown</u> 219-32-1252	Keswick Home 700 W. 40th St.
18. O 9. OI CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
LEADING TO DEATH	AUSE Reumonia assisting of how
(This does not meen the made of dying, e.g., heal failure, asthenio, etc. It means the disease,	S A CONSEQUENCE OF:
injury or camplication which caused death.)	1 . 1 A A (1.)
ANTECEDENT CAUSES	E broad gastroenterities) 2 hou
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the obave cause (A) stating the UNDERLYING CONDITION last.	
ONDERLING CONDITION (dst. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	toid arthritis, severe 50 years
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	word certhrills, severe I Ugears
U 119A DATE OF OBERATION 110P COMPUTON COR WILLIAM	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., lome, form, foctory, slicet,	in or about 21 C. WHERE DID (If In Baltimore City, give exact location)
DEATH (notify modical examine)	office bldg. INJURY OCCUR?
O 21D-TIME (Month) (Dov) (Year (Hour) 215 IN ILLEY OCCUPAND	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) White AI Not Well	
110111 — 21 110111	
22. I certify that (this haspital) attended the deceased from	March 3/ 1969 to March 13 1971
that (1) last saw the deceased olive on March 13	19and that in(my) (opinion death occurred on the d
ond hour and from the couses stated abave. (We) (did) (
23A-, SIGNATURE	23 R, DATE SIGNED
AH AH	lending Med. T Staff of
23C. PHYSICIAN'S	
NAME (Type)	23D. ADDRESS
Dr. W. B. Daniels, Vr. OEGRE	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3/15/71 Oak Lawn Cemet	ery Baltimore, Maryland
25A. DATE REGIDING HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 10 7077 (2.08 270 700) 0 0	Lugenia K. Seitz
S 150-REV. 171/68	Seitz Funeral Home 5209 York Road

Premiuse aperation - Server artical jostontrito Phunetter asthute serve 50 good 69 March 13 34 W FAR needed for the St. Jr. X 3/14/01

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T			BALTIMORE CIT	Y HEALTH DEPARTMENT		Physical	0
# -66C	7 71	2569	CERTIFICA	ATE OF DEATH		./1	2569
(Type or Print)	FERRAR!			MAR	CH 11, 197	71 9	:25A M
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	There deceased lived. If	institution: residence t	sefore odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUT	TON, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMO	ORE 53	00
40.	ST. AGNE	S HOSPI	TAL	BALTIMORE E. STREET AND NUMBER		YES N	10 KJK
-				6203 CRAIG		21228	Tecor.
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Il Under 24 Hrs.
MALE	WHITE	WIDOWED	DIVORCED	11/10/07	loss birthdoyl	If Under 1 You Months Days H	laurs Min.
done during most of MA CH 11	wasking life, even if selfred)	SPECAL		TALY	oreign cauntry)	U.S.A.	HAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME		
	O FERRARI			MARY FERRA	R1 ,		
15. Wae Deceased (Yes, no or unknown	Ever in U. S. Armed For D)(II yes, give war or date	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	5
YES	W W 2	215	-10-9212	ST. AGNES	HOSPITAL F	RECORDS	
	SE OR CONDITION DI LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CA	USE hypox	ia		MATE INTERVAL DISET AND DEATH
heart failure, injury ar car	aslhenia, elc. Il means nplicalion which caused ANTECEDENT CAUSES	death.)	twiction, in	Languetter	Lung		
rise la Ih	OR CONDITIONS, if e above cause (A) G CONDITION last.	any, giving slaling the	(c) Ba	Level, Tulere	work Epp	lymai (one	Rus
IO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	IE TERMINAL	old	misocardial	infenction		
19A-DATE OF	OPERATION 198 CON WAS PERI	DITION FOR WH	ICH OPERATION	YES	Na) 208 IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDE AUSES OF DEATH?	RED
OR CONTRIBI	NT WAS UNDERLYING DITING CAUSE OF medical examiner	218, PL home, etc.)	ACE OF INJURY (e.g., form, foctory, street, c	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(ii in Baltimo	are City, give exect lace	otian)
DEATH Inotify 21D. TIME OF INJURY IAPPROX.)	(Month) (Day) (Year)	(Houd) 21E, IN While Work	AI Not Whi	le 21F. HOW DID II	NJURY OCCUR?		
	that (i) (this haspital			MARCH 8	_19 71 ta MAF	tCH 11	19.71
that (I) (we)	last saw the decease	d alive an M	ARCH 11	19 <u>71</u> and	that in (my) (our) ap	inian death accurr	ed an the date
and have an	d from the causes stat	ed abave. (1) (We) (did) (did nat)	view the bady after death			
23A. SIGNATU	IRE	Letai-				23B, DATE SIGNED	
1	10040 50	U/WCh	DEGREE Phy	ending Med. Director	Staff XX		
23 C. PHYSICIA NAME (T	ORGE S PATR	ICK MD			,MD 21229	WILKENS	AVES.
24A. BURIAL CRE REMOVAL (MATION, 248. DATE Specify)	24C.NAM	LE of CEMETERY of CR	EMATORY 24D.	LOCATION (C	City, tawn, or caunty)	(Slote)
Buriel	3/15/1	971 I	oudon Par	k P	Raltimore 1	Marvland	
MAR 16 1	971 Raday &	25B, NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDR	at'l Pik
/S 150-REV. 1/1/	68						

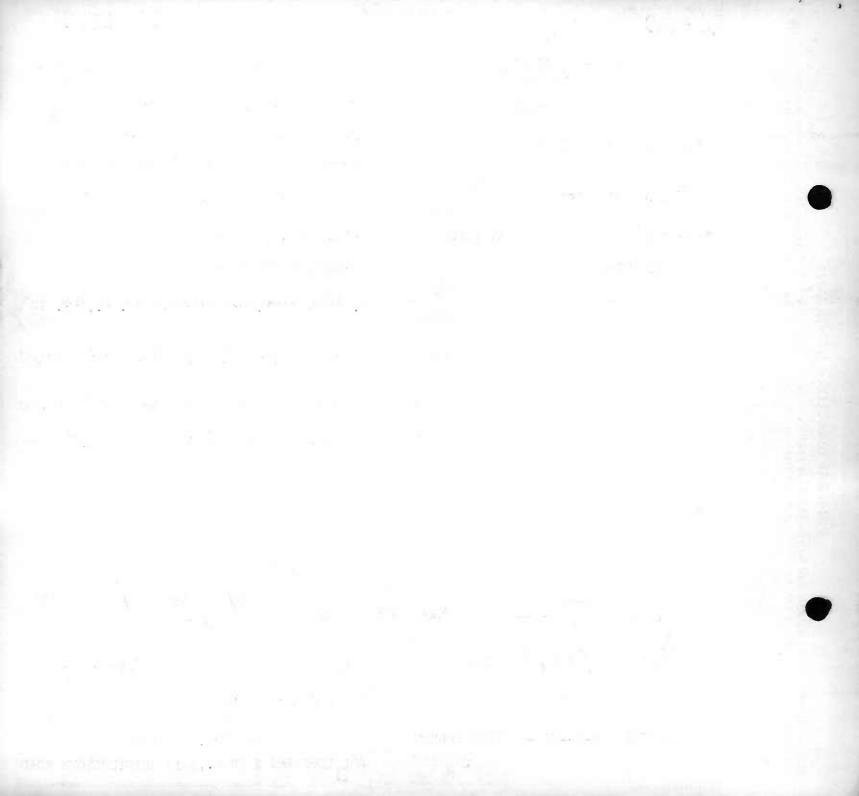
(Туре о	CULLINS,	HAROLD F	ATE OF DEATH REG. N	6:55A
FULL N	CE IN BALTIMORE, MARYLAND, WINAME OF (IF NOT IN HOSPITATAL OR ADDRESS OR LOCALITION)	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	A. STATE B. COUNTY MARY LAND C. CITY OR TOWN	2541
4		S HOSPITAL	MARYLAND E. STREET AND NUMBER 4219 PARKTON ST AP	. INSIDE CITY LIMITS? YES 2 NO T B 21229
5. SEX	LE WHITE	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years) 07/04/97 99 lost birthdoy) 11. BIRTHPLACE (Stota or foreign country)	Months Doys Hours Min.
RE	TIRED CARPENTER	IVE. KIND OF BUSINESS OK INDUSIKE	MARYLAND	U.S.A.
FR	ANK COLLINS		MOLLY (ENGLE) COLLIN	S
(Yes, no	Deceased Ever in U. S. Armad Force or unknown) (If yes, give wer or dotes	of sarvice) 16. SOCIAL SECURITY NO. 214-10-058	ST. AGNES HOSPITAL	RECORDS
DIS rise UN	is does not mean the mode of oil failure, osthenio, etc. It means to the property of complication which coused of ANTECEDENT CAUSES SEASES OR CONDITIONS, if of the above cause (A) IDERLYING CONDITION lost. IT THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE SESE OR CONDITION GIVEN IN PART	aying, e.g., he diseose, deoth.) ny, giving stoling the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF:	
19A	DATE OF OPERATION 198. COND.	ORMED	NU	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OF I	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical exeminar) ATIM (notify medical exeminar) ATIME (Manth) (Day) (Yeer) INJURY PROX.)	218 PLACE OF INJURY (e.g., i homa, farm, factory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	filmore City, give exoct location)
that (I	I certify that (I) (this hospital) t (I) (we) lost sow the deceased hour and from the causes state SIGNATURE	MADOLI 11	1971ond that In(my) (our	ARCH 11 19 71 19 19 19 19 19 19 19 19 19 19 19 19 19
230.	PHYSICIAN'S NAME (Type)	DEGREE Phys	23D. ADDRESS BALTO, MD 2	1229 ATON & WILKENS AVE
23C.	INAME CTYPE		ST. AGNES HOSPITAL: C	AION G WILKENS AVI

VS 150-REV. 1/1/68

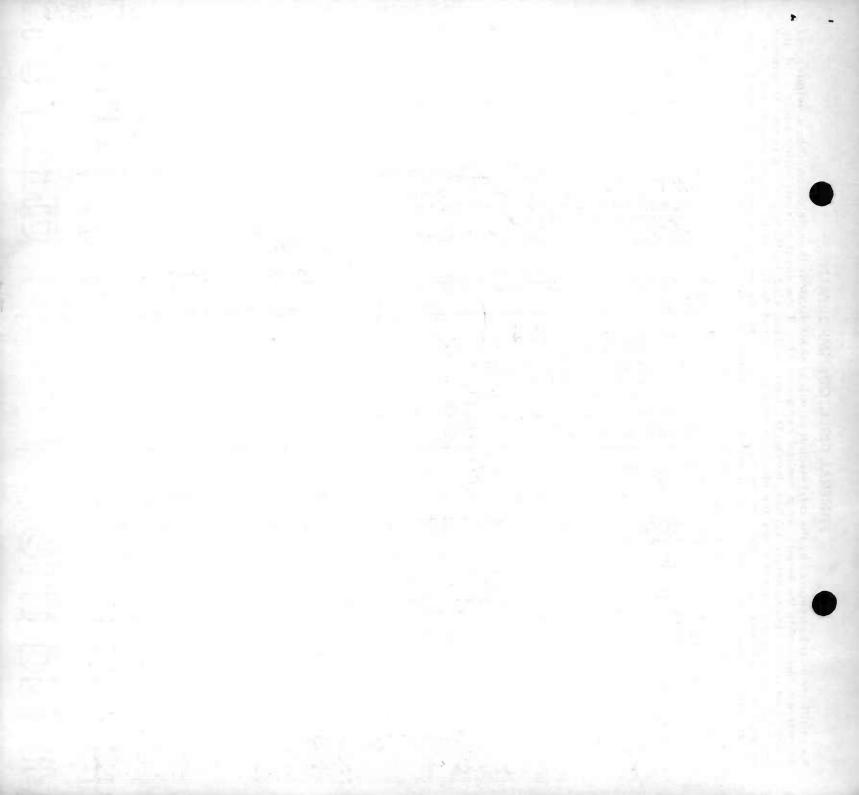
BA	LTIMORE CITY HEA	LTH DEPARTMENT	171	Opp4.
U-520 71 2571 CI	ERTIFICATE	OF DEATH	REG. NO.	2571
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type of Print) GEORGE JAME	20	3/	3/7/	7/5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EAD 4. U	SUAL RESIDENCE (Where	doceased lived. Il institutio	n: residence belore admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GI	VE STREET	Mraland TY OR TOWN		1303
10 11 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1	home p	1 4	D. INSIDE CIT	
607 Pennsylvania que.	/ 2	ALTI MORE	YES	K] NO[]
Balt. md. 210-01	2	515 DRUI	1 Hill 0	ave.
5. SEX 6. RACE 7. MARRIED NEVEL WIDOWED WIDOWED	R MARRIED 8. DA	TE OF BIRTH 9.	AGE (In yours II U th birthday) Mant	nder 1 Ys. If Under 24 Hrs. hs: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES:		RTHPLACE (Stole or foreign	18	
done during most of working life, even if retired)	3 OK DOSIKI [1]. DI	/	country)	TITIZEN OF WHAT COUNTRY?
LAboreR	107	ontgomero	1 ALAMANA	USA
13. FATHER'S NAME	14. N	OTHER'S MAIDEN NAME		00011
George James	4	Pachel		
15. Was Deceased Ever in U. S. Armed Faicas? 116. SOCI	AL 17, IN	FORMANT		ADDRESS
	RITY NO.	- (6	2 Tannsylvanial
	-5964A	Chart.	/-	Ret no shall
18. 4 / 2 1 CA	USE OF DEATH	11 0	1/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cerel	rall Opi	nexy	SELMEEN ONZEL VID DEVIN
(This does not mean the made of dying, e.g.,	IMMEDIATE CAUSE			
heart failure, astheria, etc. It means the disease.	DUE TO, OR AS A CON	SEQUENCE OF	to la	4
injury ar camplication which caused death.)	4 yyear	uswe as	renoseren	due
ANTECEDENT CAUSES	dec	it kno	reaso)	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CO	SEQUENCE OF:	10 1. 1-	*******************************
rise to the above cause (A) stoling the UNDERLYING CONDITION last.	Chron	e Kel	eletated	\mathbf{I}
(0)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1/20.			
FIO THE DEATH BUT NOT RELATED TO THE TERMINAL	Prility	worker		
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	PERATION 20	A. AUTOPSY? (Ves or No.)	OR IF YES WERE FINDING	S CONSIDERED
WAS PERFORMED		1/0	N CERTIFYING CAUSES O	F DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	F INJURY (e.g., In or ob	out 21 C. WHERE DID	(If In Boltimore City,	Tive exact location)
OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medical examinar)	octory, street, office blo	g., INJURY OCCUR?	pr in sommers city;	give exect location;
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY C	CCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJURY While AI	Not While			
22. I certify that (1) (this haspital) attended the deceas	MI WOIK	3 -/0 19	2/to_3 -	13- 1971
that (1) (we) last saw the deceased alive an	-12-	19. 2/ and that		eath accurred an the date
and haur and from the causes stated above. (1) (We) (di	d) (did nat) view th	e bady after death.		
DISTRACTION OF THE METERS OF T	./			ATE SIGNED
Sicherd your, of	Attending Phys.	Med. Sta	#. D 5	73-71
236-PHYSICIAN'S NAME (Type)	23D. A.	DDRESS 936 M	1. NORTH	Fav 1
Richard Tyson, m.	0.	BALT	0 212	17 Met
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY OF CREMATO	RY 24D. LOCA	ATION (City, town	or county! (Stote)
Burial 3/18/71 Mt (Calvary Ce		A County	Md
25A. DATE REC'D BY HEALTH DEPT. 278. MAME OF SIGISTR	AR 250	C. FUNERAL DIRECTOR		ADDRESS
MAR 16 THAT WESTER TO THE PORT OF THE PARTY	0000	Adolphus Ha	lstead 1206	W N orth Ave



BALTIMORE CIT	Y HEALTH DEPARTMENT	74 9=59
BIRTH NO. 1. NAME OF DECEASED 71 2572 CERTIFICA	TE OF DEATH REG. NO	71 2572
(Type or Print) LEVY . IRIS	2. DATE AND HOUR OF DEATH	- 100
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	6 12 A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MO PAUTIMORE CH	
INSTITUTION		DE CITY LIMITS?
Sinai Hospital	BALTIMORE E. STREET AND NUMBER	YES MO
		Dring 2/215
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
EMALE White WIDOWED DIVORCED	3-28-36 last birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
Housewife AT HOME	PALTIMODE MADVIAND	
3. FATHER'S NAME	BALTIMORE, MARYLAND	USA
MYER ROSEN	SHIRLEY SILVERMAN	
5. Was Deceased Ever in U. S. Armed Farces? (es, no or unknown) Ilf yes, give wor as doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		ADDRESS
NO CAUSE OF DEAL	MR. FRANK LEVY, 6942 MILBROO	OK PK.DR., APT. 1B
GAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	غ ۾ · مو. ·	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	ISE Upola respiratory infecti A CONSEQUENCE OF:	on 16 days
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving (8) Fac. DUE TO, OR AS	advanced multiple Scler	oss /2 year
rise in the above cause (A) stating the	A CONSEQUENCE OF: nic Dueloneskritis	
UNDERLYING CONDITION last. (c) Cho.	nic pyeloneskritis	& Gears
z 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 1218 BLACE OF INJURY		2
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	120 A ALIFO SELECTIV	
WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
218. PLACE OF INJURY (e.g., in large to the contribution of Cause Of Large to the Cause Of Large	n or about 21 C. WHERE DID.	0
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examine)	fice bldg. INJURY OCCUR?	City, give exact location)
21D-TIME (Manth! (Doy) (Year! (Haur) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
AT WOR	- 4	. 4
22. I certify that (1) (this hospital) attended the deceased fram	1959 to Max	19 //
that (1) (me) lost saw the deceased alive on Man ([3	7	on death occurred an the da
and have and from the causes stated above. (1) (We) (did) (did not) vi	lew the body after death-	
23A. SIGNATURE		38. DATE SIGNED
Diagram of the state of the sta	nding Med. Staff	7144 (
23C PHYSICIANS	Director L Phys. L	7/2/ // '7/
NAME trype		Mar-14,71
DANIEL BAKAL	3D. ADDRESS	Man-14, 71
DANIEL BAKAL DEGREE 144- BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CRE	3600 LOCHEARN DRIVE	Man-14, 71
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	36. ADDRESS 3600 LOCHEARN DRIVE MATORY 24D. LOCATION ICITY.	town, or countyl IStotel
AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREE BURIAL 3-15-71 - MIKRO KODESH	36.00 LOCHEARN DRIVE MATORY 24d. LOCATION ICITY, BALTIMORE, MARY	
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	36.00 LOCHEARN DRIVE MATORY 24d. LOCATION 1City, BALTIMORE, MARY	LAND
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREE BURIAL 3-15-71 - MIKRO KODESH	36.00 LOCHEARN DRIVE MATORY 24d. LOCATION 1City, BALTIMORE, MARY	



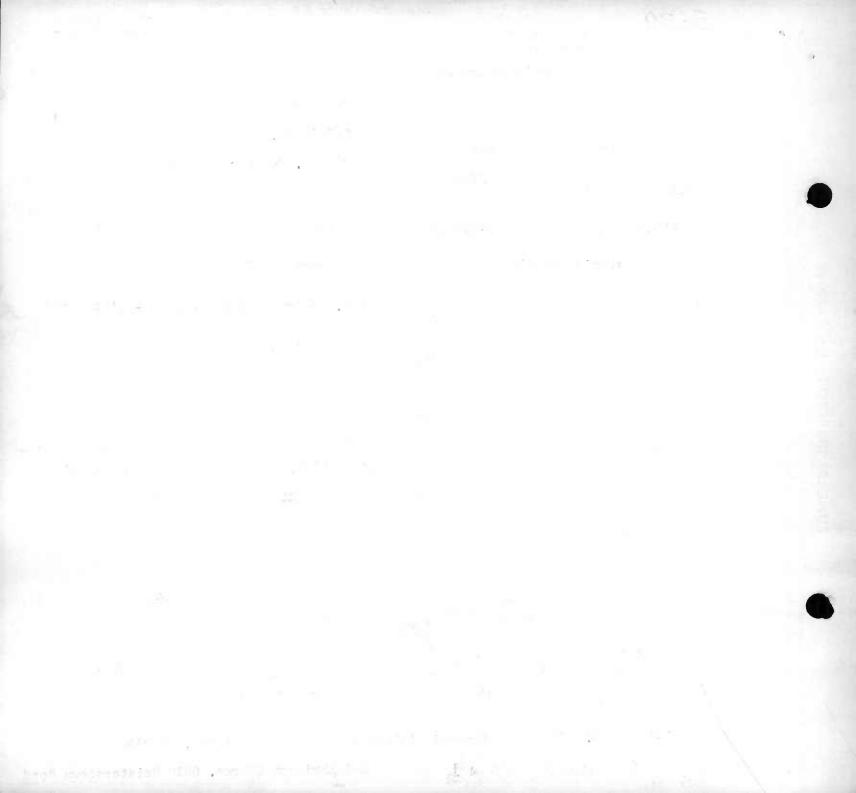
1 12-	BALTIMORE CITY	HEALTH DEPARTMENT	71 2573
#1-635 71 25	73 CERTIFICA	TE OF DEATH REG. NO.	
1. NAME OF DECEASED Friedma	n, nelvin	NMN 2. DATE AND HOUR OF DEAT	1 3.25 PMA
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSMTAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN. D. IN	NSIDE CITY LIMITS?
4 Yourion Memorial	Americal	E. STREET AND NUMBER	YES NO .
ourson runding	Many of	2502 Eutow Ha	Ce
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years	II Under 1 Yr. II Under 24 Hrs.
MALE WHITE WIDE	OWED DIVORCED	3-5-88 st birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
agent	nourance	Balter Ind	U.SA.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Henry Freeds	1.4	lankin It	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADBRESS ,
Yes, no or unknown! Ill yes, give war or doles of se	2/3-34-2/65	Whapt 4562 p. Ch	ula Stayed C
18,	- CAUSE OF DEAT	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	161	pulmonary edema	BETWEEN ONSET AND DEATH
LEADING TO DEATH!	CANIMMEDIATE CAL		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	THE TO OP AS	A CONSEQUENCE OF	
injury or complication which caused death.	I maes	tive heart failure	
ANTECEDENT CAUSES	10 Anter	io selenotic cordio r	oscular Obserse
DISEASES OR CONDITIONS, if day	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION tost.	The 3 10 Frac	toured rils	
П	e ·)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING CR.	hemothorax	1
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL SILVY	an o cho can	***************************************
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofity medical examines	218 PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (II In Boltim fice bldg., INJURY OCCUR?	ore City, give exact location)
21 D. TIME (Month) (Doyl (Year) (Hour		21F. HOW DID INJURY OCCUR?	
(APPROXI	While At Not While Work At Work	• 🗆 📗	
22. I certify that (I) (this hospital) atten			3/4/197/
that (1) (we) lost sow the deceased office	- 1	19 7/ ond that In(my) (our) o	pinion deoth occurred on the dot
ond hour and from the couses stated abo			
23A. SIGNATURE			23B, DATE SIGNED
2. Check	1 Dhan	nding Med. Shaff Director Phys.	3/11/7/
23C. PHYSICIAN'S NAME (Type) SSAM &	DEGREE	Consist Memorial	Hospild
24A. BURIAL CREMATION, 24B. DATE	DEGREE OF CEMETERY OF CRE		City, town, or county! (State)
REMOVAL ISpecify) 3/14/71	4.6. F	11 204	2 /
SA. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNDELL DIRECTOR	A COPRESS
MAR 1 6 1971 13 8 4 30	Bez KA O O	1 6-8-12 0 60/0g	est fol.
'S 150-REV. 1/1/68		- James of the	

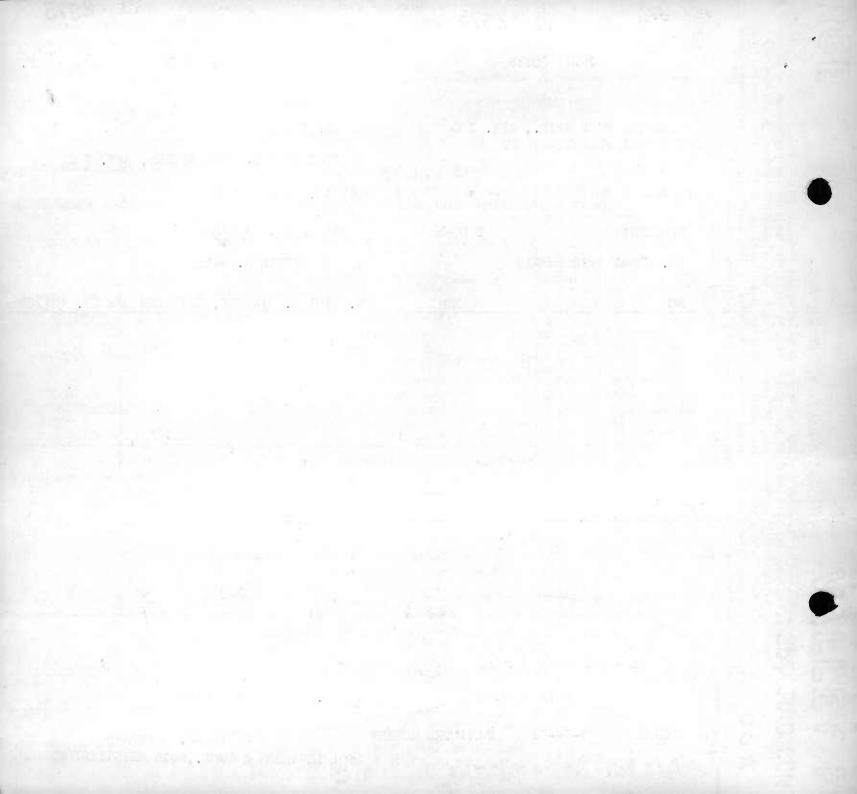


IMPORTANT

FUNERAL DIRECTOR:

C FA	1		BALTIMORE CITY	HEALTH DEPARTMENT	Т		
5-500 BIRTH NO.	P1A	OFB A	CERTIFICA	TE OF DEATH	REG. NO	71	2574
I.NAME OF DE	ECEASED	2574			AND HOUR OF DEAT	н	
(Type or Print)	Do		C - 1 4		3-13-1971	1	6:45 A.,
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where daceosed lived. If	institution; res	6:45 A. A
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN	<u> </u>	ISIDE CITY LIA	7/7
				Baltimore.	0. 11	YES X	No
91	Levindale	Aged Hor	me	E. STREET AND NUMBE			
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	1vedere Aven		1 9 1/11 / 22 /
Male	White	WIDOWED	DIVORCED		lost birthdoyl	If Under Months: 1	1 Yr. If Under 24 Hrs. Doys Hours Min.
tOA. USUAL OC done during most o	CUPATION (Give kind of warl	1		11. BIRTHPLACE (State of	foreign country)	12. CITIZE	EN OF WHAT COUNTRY
Thile		6:	lothing	Poland			USA
13. FATHER'S N.				14. MOTHER'S MAIDEN	NAME		
	Nathaniel Sc	hein		Rebecca	?		
5. Wes Decease	nd Ever in U. S. Armed Fer	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	0. 30111007	SECORITI NO.	Mrs. Roslyn	Tamres 383	9 Labur	ingh Road
1B.	9.9		CAUSE OF DEATH		14203 000	J Haby I	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY				88	TWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	Unknown			
(This does	not mean the mode of , asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	**************		***************************************
injuly of co	mplication which coused	deoth.)				1	
	ANTECEDENT CAUSES						
DISEASES	OR CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
nsa lo 1	he obove cause (A) IG CONDITION lost.	stoling the				i	
ONDERETIN			(c)				
OTHER SIGN		NTRIBITING	Mela	nutrition			weeks
TO THE DEA	TH BUT NOT RELATED TO THE	E TERMINAL	A12 00 ale .	TO OT TOTOTA			W C CILD
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 198 CON	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (TE) OF	No. 208, IF YES, WERI	FINDINGS C	ONSIDERED
U 21A. ACCID	ENT WAS UNDERLYING DEUTING CAUSE OF	218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	M. A. D. IV.	CII.	
OR CONTRIB	UTING CAUSE OF y medical exominal	home	, farm, foctory, street, all	ica bidg. INJURY OCCUR	? (IT IN BOITIM	ore City, give	exoct locotion)
DEATH (notified of INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED	015 110 110			
OF INJURY	(20)		a At Not While	ZIF. HOW DID	INJURY OCCUR?		
		Work	Al Walk				
22. I certify	y that (t) (this hospital)	ottended th	e deceased from	11-6	19 67 to 3-	133	19 71
that (1) (we) last sow the decease	d alive an	3-13	19.71 and	that in (my) (our) or	Inlan death	accurred on the date
and haur ar	nd from the couses stat	ed obove. (A)	(We) (did) (did Yara) vi	ew the body ofter deat	h.		2011
23A. SIGNAT	URE	10 6		,		23B. DATE	SIGNED
0	Menton K	Me	After Phon	ding Med.	S toff		7
23C. PHYSICI	ANS	-//-	DEGREE Phys.	3D. ADDRESS	Phys. 🗀	3-1	-1971
NAME (Theodore	R. Rel		_	Aged Home		
4A. BURIAL CR	EMATION, 124B, DATE	/ /	ME of CEMETERY OF CREA		-	41. 1-	
Burial	(Specify)					ity, town, or o	-
			homrei Mishme		Baltimore, N	Mary land	đ
MAR 16	1971 OGBERGE	250 NAME OF	BEGISTRAR	Sol Levinson	§Bros. 601		ADDRESS
S 150-REV. 1/1	/68	1				· WOTO C	CISCOMII KORU





(n=0 71	2576 BALTIMORE CIT	Y HEALTH DEPARTMENT		71 2576
BIRTH NO. 1. NAME OF DECEASED		TE OF DEATH	REG. NO	
(Type or Print) ROSEN THAT	- HARRY	2. DATE AN	HOUR OF DEATH	1550
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence belore admission)
NOITUTION	R INSTITUTION, GIVE STREET	Mary land - C. CITY OR TOWN BALT	TMODE D. INS	SIDE CITY LIMITS?
4 South Baltimore Ga	eneral Hospilan		ar stown	ROAD NO [
5. SEX 6. RACE 7. AA	ARRIED NEVER MARRIED		9. AGE (In years	H Under 1 Yr. II Under 24 Hrs.
MALE WHITE WIL	OWED DIVORCED	10-14-94	lost birthdoy)	Months Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Failor - Bolixxxxx	SHOP	XXXXXXXXX LI	THUANIA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Isadore ROSENTHAI		Lena??		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dotes of s	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NXXXXXNO	112-03-4046A	MRS. JEANETTE R	ROSENTHAL, 4	4853 REISTERSTOWN R
LEADING TO DEATH IThis does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) static UNDERLYING CONDITION last.	diving (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	ant disco	->x
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER	UTING MINAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20 A. AUTOPSY! (Yes or No.	208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING LICAUSE OF	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	re City, give exact location)
DEATH (notify medical examined) 210. TIME (Month) (Doyl (Year) (House of INJURY (APPROXI	While At Not While Work At Work	21F. HOW DID INJU	URY OCCUR?	
22. 1 certify that (1) (this hospital) atte that (1) (we) last saw the deceased aliv	/	3/9	97/10	197/
and haur and fram the causes stated ab	/ /		in in fundy footh obt	nion deoth accurred on the date
23A. SIGNATURE Surat			Stuff Phys.	3 /// >/
23C. PHYSICIAN'S NAME (Type) Dr. 31	0050.	3001 SO. HANOU		Baltimore, Md.
BURIAL (Specify) 3-14-71	24C. NAME OF CEMETERY OF CRE BOBROISKER BENEFI	MATORY 24D. LO	SEDALE, MARY	ty, town, or county! (State)
MAR 16 1971 Rays = 3	AME OF REGISTRAR	SOL LEVINSON,	BROS.,6010	REISTERSTOWN ROAD
S 150-REV. 1/1/68		6-mp		

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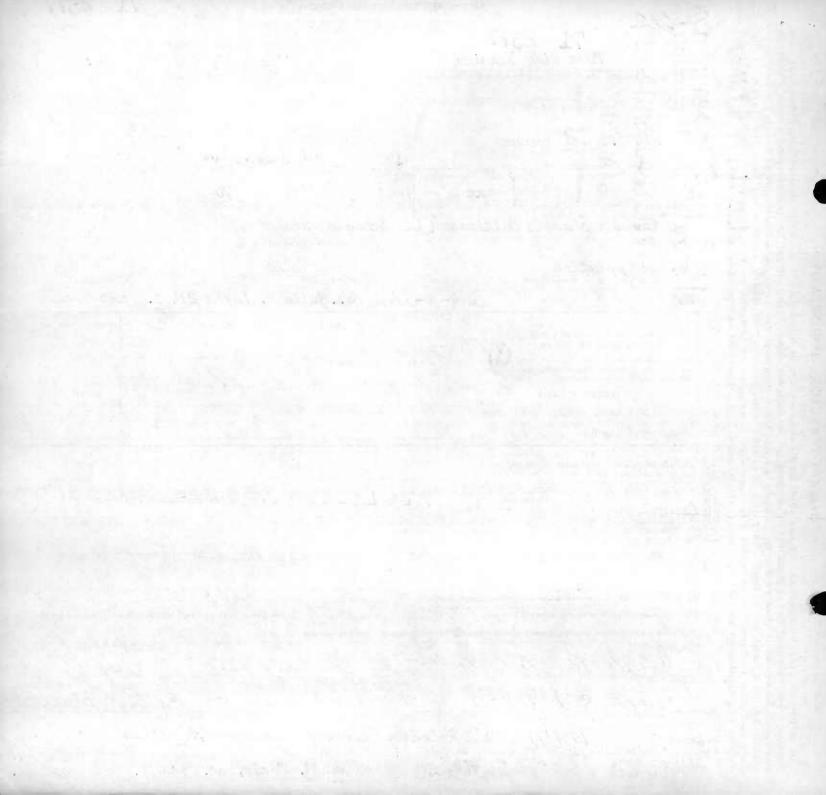
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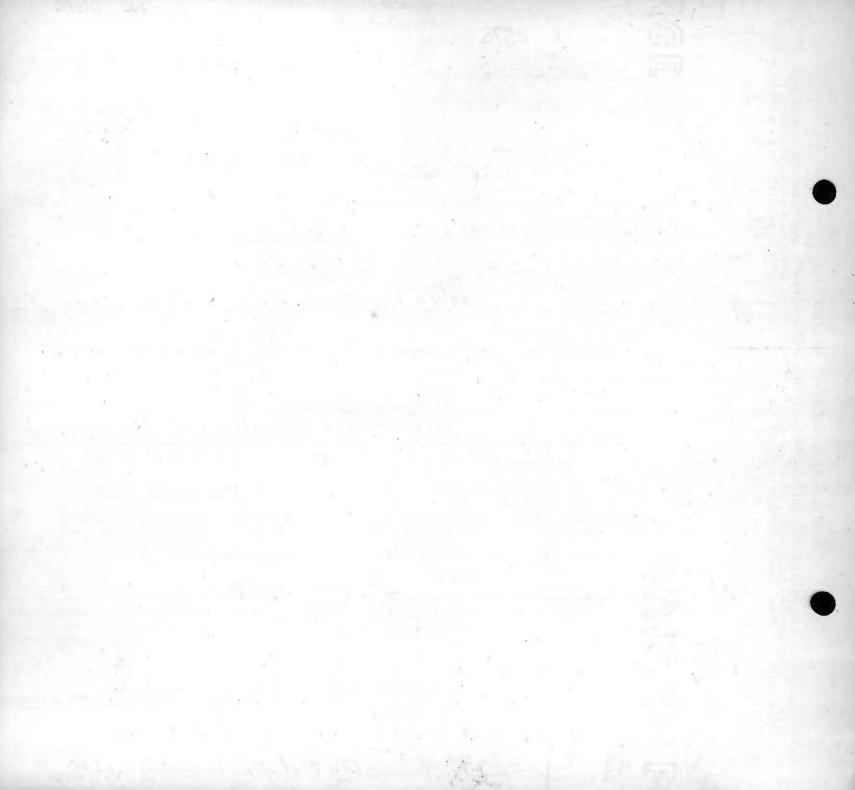


IMPORTANT

DIRECTOR:

FUNERAL

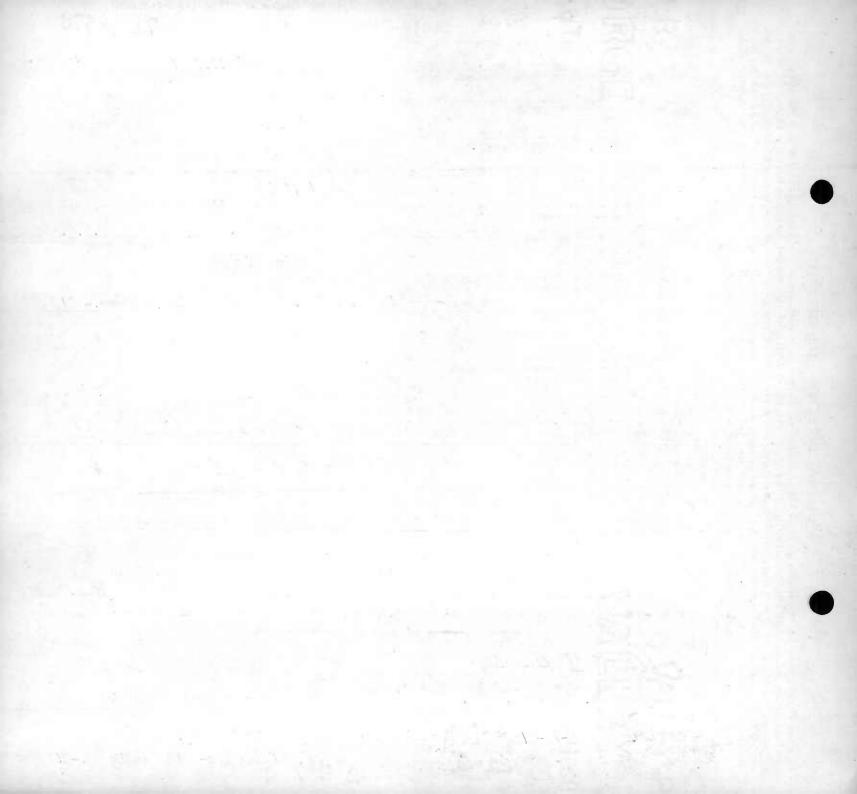
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IMPORTANT

DIRECTOR:

FUNERAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	-530 71 25	80 BALTIMORE CITY	HEALTH DEPARTMENT		
1	000		TE OF DEATH	REG. NO	71 2500
1, N	H NO. AME OF DECEASED			ND HOUR OF DEATH	. 7 6000
(Тур	EHNDIS Mr. E	MOTY E		4-71	110 Am
3. 8	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence before admission)
FU	L NAME OF (IF NOT IN HOSPITAL OR IN	THE STATE OF THE S	1.30	\ \	1912
HO	SPITAL OR ADDRESS OF LOCATION!	SHOROW, GIVE STREET	C. CIFY OR TOWN	D. INSI	DE CITY LIMITS?
3	4		Saltimo	750	YES NO
/	7/ 1- 2- 1/	. / /	E. STREET AND NUMBER	0 1	
	Jon Decouls Hosp	1-tal	1616 Med	t a race	
5. S	MARE WIDON		2-20-12	9. AGE (In years last birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loss	eign country)	12. CITIZEN OF WHAT COUNTRY?
/	Carpenter Bu	lating - End	11). 1/100	nia	- W. S.A.
13.	ATHERS NAME		14. MOTHER'S MAIDEN NA		1
	Heorye Landis	٧	Lamba	FRA	NCIS
5. V	as Deceased Ever in U. S. Armed Ferces?	1 6. SOCIAL	17. INFORMANT	11/1/	ADDRESS
163	of thicknown by yes, give wor of dotes of servi	1100-1011	7 . F.	1+ +	- 1245 raissking the
	8.	CAUSE OF DEAT	I mo bona	Newar	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	() 4	1. a a ma th' billion	0000	BETWEEN ONSET AND GEATH
1	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE	pomcka	day
- 1	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	B.C. DUETO OF AC	A CONSEQUENCE OF:	***********************	
	injury or camplication which caused death.)	00.		ali om	- 00
-	ANTECEDENT CAUSES	(B)			7000
	DISEASES OR CONDITIONS, if any, girds to the above cause (A) stating	ring DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION fost.	(c)	***************************************		
_	11				
စ္ခါ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAI			
3	PA-DATE OF OPERATION 198 CONDITION F	***************************************	120 A AUTO DEVO (Von on h)	W 2009 Is were	
CERTIFICATION	WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
5	RIA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exect location)
CA	DR CONTRIBUTING CAUSE OF CEATH (notify medical examine)	home, farm, fociory, street, of	fice bldg., INJURY OCCUR?	ļ <u> </u>	
ā !	PID-TIME (Month) (Day) (Year (Hour)	21 E INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
W	OF INJURY APPROXI	White At Not While	· —	, o x 1	
- [WOR AT WORK			
- 1	2. I certify that (f) (this haspital) attended	7 - 1 5		19ta	14-71 19
- 1	hat (1) (we) last saw the deceased affve			•	nian death accurred an the date
	and haur and from the causes stated above	o. (!) (We) (did) (did nat) v	few the bady after death.		
ľ	The state of the s	May Atte	nding Med.	Stoff ET	238, DATE SIGNED
	3C. PHYSICIAN'S NAME (Typel	DEGREE Phys	Director L	Staff Phys.	1-14-71.
	Narciso A de Boria		200 500	uei Hoin.	
24A		DEGREE CEMETERY OF CRE	MATORY 24D. L		y, town, or county)/) (Stotel
7	week 3/18/7/	7/ 21	Pan S	1 00 1	mik!
25A		AE OF REGISTRAR	250. SUNERAL DIRECTO	lon promil	901 MADDRESS ST
M	1R 16 1971 REEL ZOL	AR	I for Scircus	-/ A //	B- N- 011
VS 1	50-REVA 1/1/68		1777	70070 0070	15000, Mel. 21223

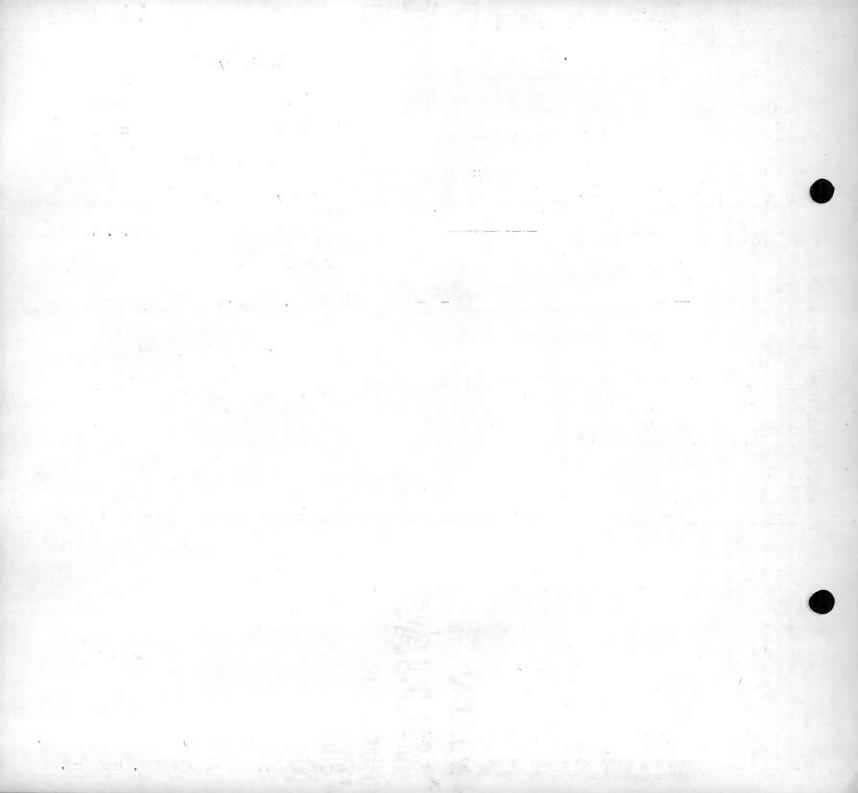
The second secon THE SHARE BEING STATE FUNERAL DIRECTOR: IMPORTANT

BALTIMORE C	ITY HEALTH DEPARTMENT
	ATE OF DEATH REG. NO. 71 2581
I.NAME OF DECEASED Type or Printil	2. DATE AND HOUR OF DEATH
Kotesovec Louis J.	3/13/7/ 4 33
L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 7/12
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1/1/	Ballime YES NO
77	E. STREET AND NUMBER
UNION MEMORIAL HOSP.	707 N. Montford avenue
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hr.
M WIDOWED DIVORCED	11-28-92 last birthday) Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Relied Taylor	Chechoslovakia American
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Kortegovec	Julia unpuron
. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	100
18. S S CAUSE OF DEA	
100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Caroline failure BETWEEN ONSETAND DEAT
(This does not mean the made of dving e.g. (A) IMMEDIATE C	AUSE
heart failure, asthenia, efc. It means the disease,	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
11	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
110 THE DEATH RUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION.	20A. AUTOPSY7 (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
2-16-71 WAS PERFORMED Inconcerned Ringing	20A. AUTOPSYTY (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING A / 21B PLACE OF INJURY (COL	
	office bldg. NJURY OCCUR? (If In Boltimore City, give exect location)
21D. TIME (Month) (Dayl (Year) (Haus) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not W!	hilo 🔲
22. I certify that (1) (this hospital) attended the deceased from	
	2/15 197/10 3/13 197/
The decourage of the off	19_7/and that In(my) (aur) apinian death occurred an the da
and haur and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
23A- SIGNATURE	23B, DATE SIGNED
	ttending Med. Staff hys. Director Phys. D
23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS
NAME (Type)	
A BIDIAL CREMATION 1978 DAYS	
A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMPTERY OF C	REMATORY 24D. LOCATION (City, town) or county) (Stote)
Burn 3-18-11 Hoy Reales	non Courter 129 House Muyline
A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 1122
1100 a - 1000 30 an 7307 wh 0 0	0 6 18 10 60 1000 16 10 1003/
The state of the s	LEVACIO FULLEICAL HOME WILL CHEK
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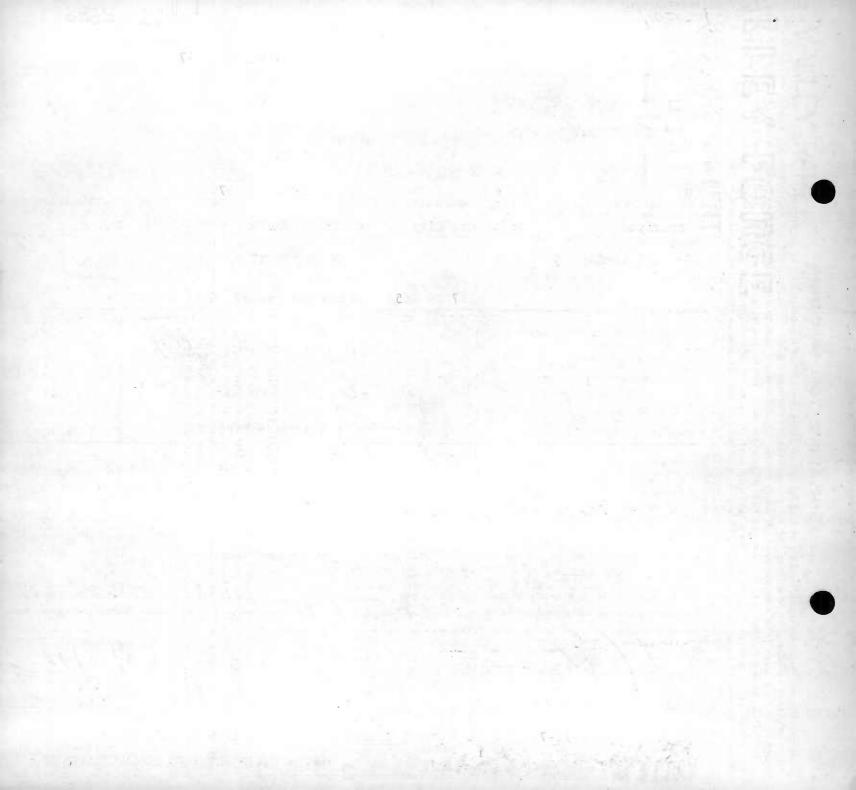
0			BALTIMORE CIT	Y HEALTH DEPARTMENT		1414	0.400
6 - 45 BIRTH NO.	3 71	2582	CERTIFICA	TE OF DEATH	REG. NO.	,/1	2582
Type or Print)	Ida V. Bo	lander		44 4	12,1971	гн	2 A. M
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It	institution: resid	dence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT	TION, GIVE STREET	Maryland c. CITY ORTOWN		ASIDE CITY LIMI	302
00	1432 Pate	17400 Sta	224	Baltimore		YES 🔀	ио □
00	14)2 1000	ιριστού Ινί	eec	E. STREET AND NUMBER 1432 Pataps	co Street		
S SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 His.
Female	White	WIDOWED		October 16,188	5 85	TV.O.IIII.S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CUPATION (Give kind of wo f working life, even if relired)	rk 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	gn country)	12. CITIZEN	OF WHAT COUNTRY
Housen	. 0	1/		Maryland		4.5.	A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME		
Jamas	Taulon			Unknown			
5. Was Deceose	d Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT		Α	DDRESS
es, no or unknow	n) (If yes, give wor or do	les of service)	SECURITY NO.	W: 11: - 11 Q. 1.	ndan 1/122	0-4	. 544
110	7 71 11		CAUSE OF DEA1	William H.Bola	naer 1432		O STREET
Dier.	ASS SOLUTION D	IDP AWL V	CAUSE OF DEAT				WEEN ONSET AND DEATH
DIZEX	ASE OR CONDITION D LEADING TO DEATH			Callan	1 Acri	1.	
	nat mean the made a		(A) IMMEDIATE CA	A CONSEQUENCE OF:	Ja/ /100	2	
	, asthenia, etc. It mean mplication which cause						
	ANTECEDENT CAUSE		ar.	O. T H. T.	- Carlin	_	
DISEASES			(B) DUE TO OR AS	A CONSEQUENCE AT US	drie		
	OR CONDITIONS, if he above cause (A)		DOE 10, ON A.	a constant of	DOCTO	~	
UNDERLYIN	IG CONDITION last.		(c)				
	IFICANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO						X eller
C DISEASE OR	CONDITION GIVEN IN PA		HICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES WE	E FINDINGS CO	DNSIDERED
19A. DATE C	WAS PE	REDRINED	HICH OFERATION	ZONE AD TOP STERVES OF THE	IN CERTIFYING	CAUSES OF DE	ATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF	21 B. F home etc.)	LACE OF INJURY (e.g., , form, factory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	nare City, give e	xact locotion)
21 D. TIME	(Month) (Doy) (Yeor	(Hour) 21 E.	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY			At Not Whi				
		Work				461 -	-
22. I certif	y that (1) (this haspite	al) attended the		A ,	19 53 ta	12. 7	197/
that (1) (we) last saw the deceas	ed alive an	Monel 10	19 71 and th	at in(my) (aur) (apinian death	accurred an the date
and haur a	nd fram the causes sta	ated abave. (1)	(Wa) (did) (did nat)	view the bady after death.			
23A. SIGNAT	URF					23 B. DATE	
/	IN Fruit		DL.	ending Med. Director	Staff Phys.	Harl	13/97/
23C. PHYSICI			DEGREE	23D. ADDRESS			
NAME	PERCO	MAL		1319 LIGHT	IT RA	Wiman 5	Mo
4A. BURIAL CR REMOVAL	EMATION, 248, DATE	24C. NA	ME of CEMETERY OF CR		ST. BA	(City, town, or o	Junty) (Stote)
0 . 1	(Specify)						4. 1
Burial ESA. DATE REC	3/15/7	7 (ec	lar Hill Ceme	etery B	altimore,		ADDRESS
LAMA A	LAMEN A	1	and an artist of the same			20 CT.	1 Ama
MAK 1	BA Valle &	El Jales.	M. D. O.	Mc Cully Fune	rac riome 1	JU COR	L TEE.
1 15Ha WEV. 1/T	/ h 8		100	/			



·VS

D. INSIDE CITY LIMITS? YES V NO If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 6439 BUSHEY ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that In(my) (our) opinion death occurred on the date 238, DATE SIGNED 2170 BALTIMORE, MARYLAND DABROWSKI 1005 DUNDALK AVENUE

BALTIMORE CITY HEALTH DEPARTMENT



deceased

the

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attendance

regular

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Was

No physician

9

and

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Mooney BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MOONEY, JOHN A. SR. 3-14 -71 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE | Where deceased lived, If institution: residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION ma Bultimore IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? MOSPITA YES 🔀 E. STREET AND NUMBER Baltimore, Maryland Eastern Avenue Kd ס 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED 9. AGE IIn years NEVER MARRIED If Under 1 Yr. Months! Doys Male **h**hite 11-08 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) County In Inspector Board of Education Maryland 14. MOTHER'S MAIDEN NAME Thomas L. Mooney Mary 0 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no or unknown) (If yes, give wor ar dates of service) 6. SOCIAL 17. INFORMANT 4940 Eastern Avenue or final SECURITY NO. 2-09-1124A BCH: Records Baltimore, Maryland CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., embal DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES birourscu are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? IYes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Encephalitis before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined obtained 21D.TIME OF INJURY (Month) (Doy) (Year) Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (APPROX) 22. I certify that (I) (this hospital) attended the deceased from 99 that (i) (we) last saw the deceased alive an and that in(my) (aur) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (Aid) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director written approval Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenue 24A. BURIAL CREMATION, REMOVAL ISpecify) 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION Burial Most Holy Redeemer 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

NO [

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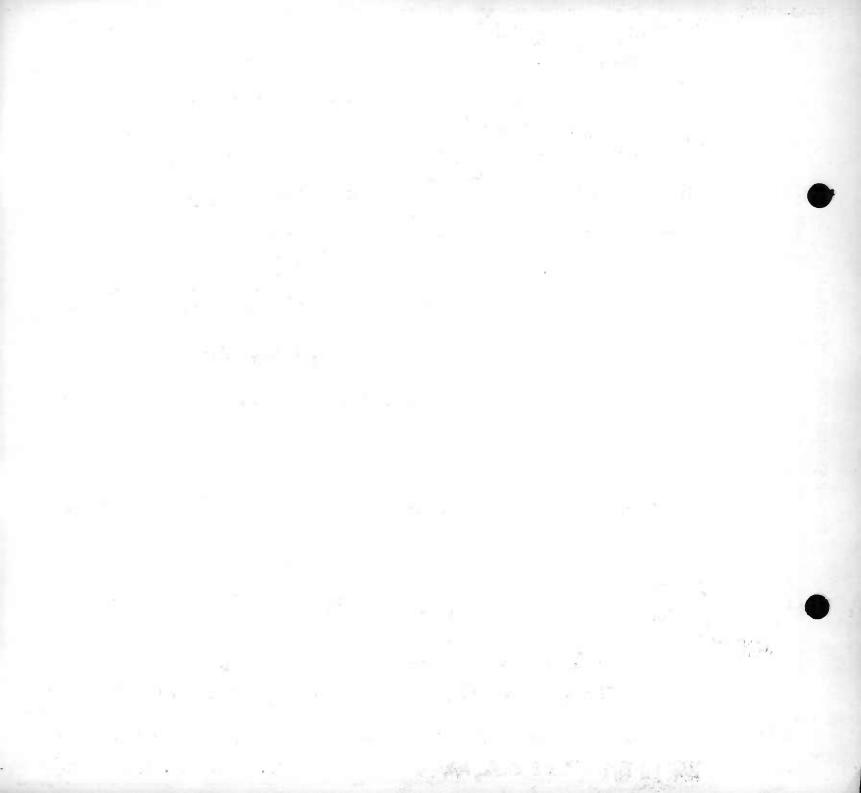
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

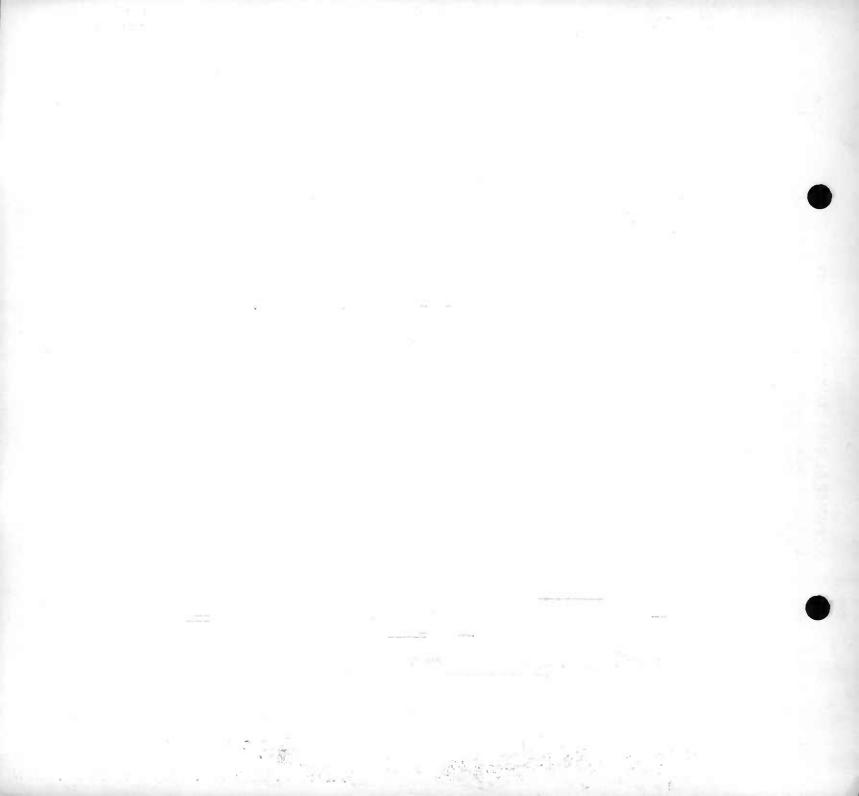
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If Under 24 Hrs. Hours

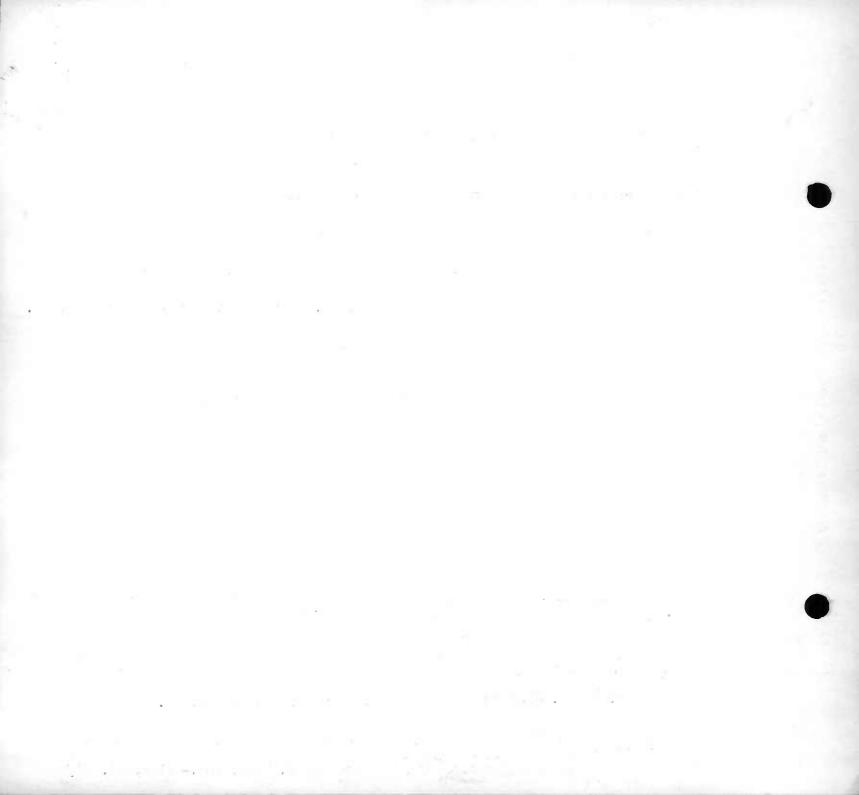
Baltimore (City, town, or county) Baltimore Marvland ADDRESS Ruck Inc. 5305 Harford Leonard VS 150-REV. 1/1/68



	AME OF DEC					2. DATE AN	D HOUR OF DEATH		
	pe ar Print)		VATORI		LANA		h 12, 1971	1	4.308
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HC IN:	STITUTION	ADDRESS	OR LOCA	(HOIT)		c. CITY OR TOWN Baltimore	D. INS	YES X	IIS?
0	00 1	629 M o nt	pelie	r Stree	t	E. STREET AND NUMBER 1629 Montpel	ier Street		
5. \$	EX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	7 if Under 1	
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13.	FATHER'S NA	_	-			14. MOTHER'S MAIDEN NAM	A E		0011
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5. Y	Was Doceased	Ever in U. S.	Armod Ford	es?	16. SOCIAL	17. INFORMANT	-	A	DDRESS
53	No	, da, givd v	-or or oute:	· di scivicel	212-14-9440	Mrs. Lillian I.	Lana		Same
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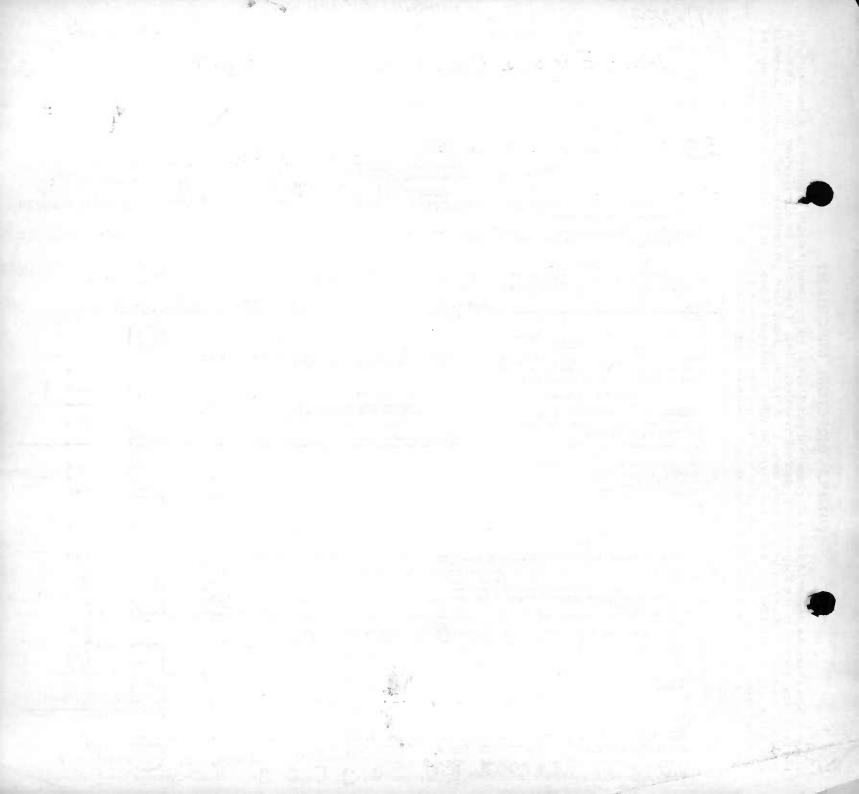
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HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c, CITY OR TOWN		d	642
INS	ITUTION .	4 DECEMBER 64 DECEMBER 1	10 00)711	**************	Baltimore	D. IN	ISIDE CITY L	IMITS? "
7	() H	ARFORD GARDEN	NS CONVA	LESCENT HOME	E. STREET AND NUM	MBER	IES [МО
					4304 Sta	nwood Avenue	9	
5. SI	X	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE iln years	If Unde	r 1 Yr. , If Under 24 h
	emale	caucasian	WIDOWED		1/8/1885	9. AGE IIn years lost birthdoy! 86	Months	Doys Hours Min
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	Homema				Maryla	nd		USA
13. F	ATHER'S NAN	ΛE			14. MOTHER'S MAID	EN NAME		
		?	? 1	liebig		Anna	2	?
5. W	os Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	2622200	•	ADDRESS
* U by	or enknown)	(If yes, give wor or date	a or service!	SECURITY NO.	Mac E-	od Taroleon 20	16 T-	A Cobar
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BIRTH NO.	L 2587		TE OF DEATH	REG. NO.	71 2587
1. NAME OF DECEASED (Type or Print)	ALES T	HUDSON	2. DATE A	NO HOUR OF DEATH	1 2:30
3. PLACE IN BALTIMORE, MARY	LAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	re deceased lives. 11 in	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS	HOSPITAL OR INSTIT OR LOCATION)	UTION, GIVE STREET	Maryland c. City or town		DE CITY LIMITS?
90 Gould C	Convalescer	nt Home	Baltimore E. STREET AND NUMBER		YES X NO
SEX 6. RACE	7- MARRIED	NEVER MARRIED	Alcazar Hotu	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs Months Days Haurs Min.
Male White	WIDOWED	DIVORCED	Nov.7.1919	last birthdoyl	Months Days Hours Min.
OA, USUAL OCCUPATION (Give ki	nd ol work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or lare	ign country)	12. CITIZEN OF WHAT COUNTR
Clerk	Balt.	Contracting	Co Mary	Land	U.S.A
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Charles E			Alice Row	Lev	
es, na ar unknown) (If yes, give wo	rmed Forces? or or dates of service?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		212-01-0356	Mrs Margare	et Boos 39	04 Chesley Ave
18.		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDIT	ION DIRECTLY			/	BETWEEN ONSET AND DEAT
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OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN	TED TO THE TERMINAL	Dichta Corga	to Her Dail P	home effusion, a	Pritz.
19A-DATE OF OPERATION W	9B. CONDITION FOR W VAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yos or No	208. IF YES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE	LYING 21 B. home of c.)	PLACE OF INJURY (e.g., in a, lorm, loctory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
21D. TIME (Month) (Day) OF INJURY	(Year) (Hour 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While	e At While			7 .
22. I certify that (1) (this			2/24/,	9 71 to	3/12/1971
that (i) (we) last saw the d		3//	-/ 0/		ian death occurred an the dat
and hour and from the caus		(We) (did) (did_os) vi		- intinit (ame) abin	iran death occurred an the dat
23A. SIGNATURE	2 6	, (-1-, (-1-1-1)) 11	buo, diler dedin.		238. DATE SIGNED
(llbus 1)	Bradley	Atten Phys.	ding Med.	Staff Phys.	2/12/21
23C. PHYSICIAN'S NAME (Type)	7	DEGREE	D. ADDRESS	nys.	0/10/11
	t B Bradle	v M.D.	1.900 Relain	Rd Rol++	one Md
A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)		ME OF CEMETERY OF CREA	4900 Belair		ore, IVIQ. (State)
	16/71 Ne	w Cahtedral			
A. DATE REC'D BY HEALTH DE	T 258 NAME O	FEGISTBAR	25C. FUNERAL DIRECTOR	ltimore, I	ADDRESS
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S 150-REV. 1/1/68			T LEONGIN PA	nuck Inc.	Baltimore. M d

VS 1S1-REV. 1/1/6B

00	1 - 7		-	BALTIMORE CITY	HEALTH !	DEPARTMENT			
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J. PLACE			VHERE PRONO	UNCED DEAD UTION, GIVE STREET	A. STATE	yland	deceased lived. If i	nstitution; resident	() (a
HOSPITA	L OR A	DDRESS OR LOC	ATION)		C. CITY O	RTOWN	D. IN	IDE CITY LIMITS?	
					Bal	timore		YES 🗓	NO 🗌
33	The J	ohns Hop	kins H	ospital		AND NUMBER			
							ok Avenue		
5. SEX	6. RAC		7- MARRIED	NEVER MARRIED X	& DATE O	1	ost birthday)	Months Doys	Hours Min.
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	James	s McCants			1	Hattie Micl	ler		
5, Wee D				16 SOCIAL	17. INFOR			ADD	RESS
res, no or	unknown) (If yes	U. S. Armed Fo	es of service)	SECURITY NO.					
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ORC	ONTRIBUTING	S UNDERLYING [CAUSE OF ol examined	l 218 horr etc.	PLACE OF INJURY (e.g., in a form, factory, street, of	fice bldg.	NURY OCCUR?	(it in Bollimo	ore City, give exoc	ct location)
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E OF IN	NJURY			ile At Not While	• [
			Wo					77) (2	
22. 1	certify that	i)(this hospita	l) attended t	he deceased from	3.5	<u>(</u> 1	97110	3.10	19_7(
that	(I) (we) last 1	saw the deceas	ed alive on	3.10	19_	and the	at in (my) (our) of	inion death oc	curred on the dat
and I	haur and from	the causes ste	ited above. ((We) (did) (did not)	lew the b	ody after death.			
23A. S	SIGNATURE		1 1					23 B. DATE SIG	MED
		(Dad	4001	Dhu.	nding	Med. Director	Staff X	3.10	.71
23C.1	PHYSICIAN'S	1/1	nulla	DEGREE	23D. ADDR		,	1 - 10	1 1
-	NAME (Type)	Jimn	ni Svlv	ester, M.D.			opkins Ho	sni+al	
24A. BUR	ITAL CREMATIO	N, 248. DATE		AME OF CEMETERY OF CR			_	City, town, or cou	nty) (State)
	Burial	3-15-7	1 Arh	utus Memorial	Park	Ro1	timore Cout	w Marvl	and
	LE SEC,D BY HE			OF REGISTRAR	25C. F	UNERAL DIRECTOR		A	DDRESS
N/	MAR 1 A 9	100AT (0.11	1 902 Y	D. Toppo	Ma	rshall W.	Jones, Jr.	1735 Har	ford Ave.
NC 150 0	EV. 1/1/66	DE CHARGE	THE PARTY NAMED IN		6-00	*************************************			

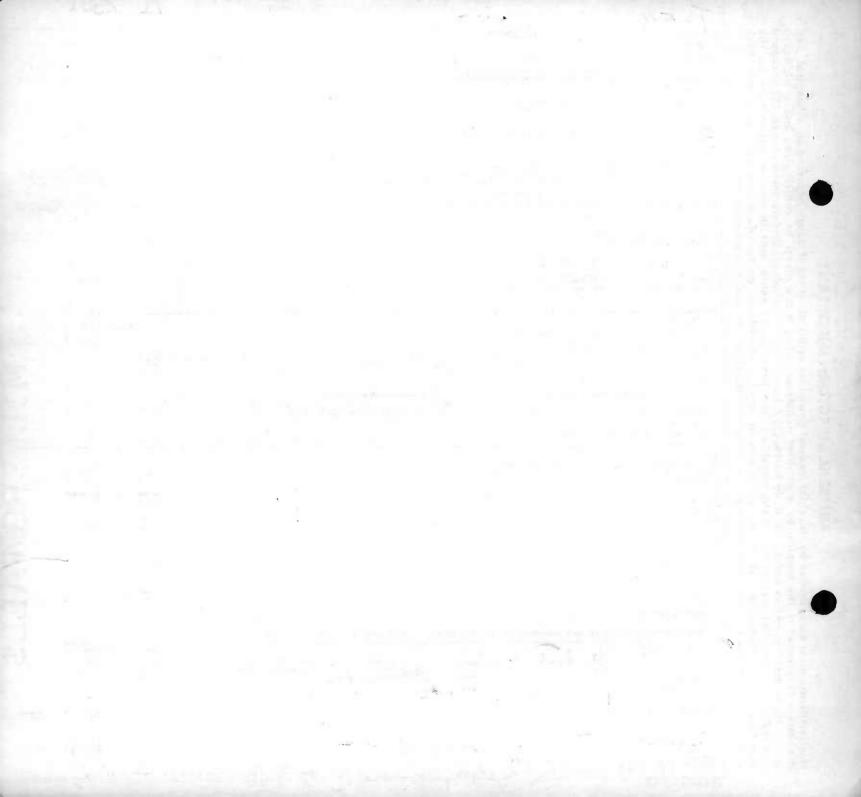


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

1	h ren	00		L 65811
BIRT	M NO.	590 CERTIFICA	At .	~300
	AME OF DECEASED GEORG	E HAR	NES 2. DATE AND HOUR OF DEA	7 40 PM.
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wifere deceased lived, A. STATE B. COUNTY	If institution; residence before admission)
FUI HO INS	LL NAME OF (IF NOT IN HOSMTAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md, Baltimos	INSIDE CITY LIMITS?
1	a Tal Hankii	15 HOSPITAL	Isaltimore	YES 🔼 NO 🗌
13		.00	E. STREET AND NUMBER	
	BALTIMORE,	Mg 91502	142/ 1. STORONO	4
5. \$	EX 6- RACE 7- MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years liast birthday)	Months Doys Hours Min.
	WIDO	MED DIVORCED	3/2 11-25-10 60	
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
1	1 Aryland Mry back	None	South Conoline	N.S. A.
13. (FATHEL'S NAME		14. MOTHER'S MAIDEN NAME	
	PELE DA	RNES	MATTIE	
15.1	Was Deceased Eyer in U. S. Armed Ferces?	16. SOCIAL	17- INFORMANT	ADDRESS
(105	(N)	218-10-76.1	K Bentha Wash - to	
	18. 1 2 (91	CAUSE OF DEAT	H Control of Market 1/1	APPROXIMATE INTERVAL
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MEDICAL CERTIFIC	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the discliniury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOTRELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) - SURIAL GREMATION, 24B. DATE 24B. DATE 27. PART TO THE CONTRIBUTION OF THE PROX OF	DUE TO, OR AS ving the (B) DUE TO, OR AS ving the (C) NG NAL FOR WHICH OPERATION 218 PLACE OF INJURY (a.g., lambours, form, foctory, sheet, of the lambours, form, foctory, f	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: PO MAGNIC Anenia, Hook 20A. AUTOPSYR (Yes or No) 20B. IF YES, WI (N CERTIFYING IN CERTIFYING 21F. HOW DID INJURY OCCUR?	apinion death occurred on the date 3 12 19 2/ apinion death occurred on the date 3 12 7/ apinion death occurred on the date

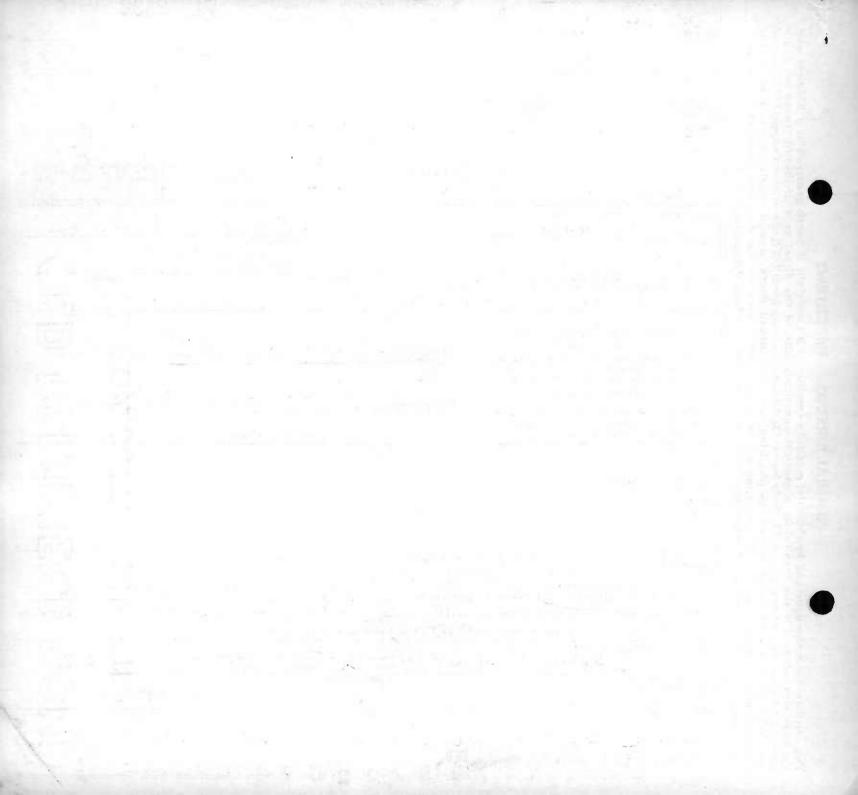
The state of the s

BIRTH NO. 2591 CERTIFICATE OF DEATH REG. NO.	
DIKITI NO.	•
1. NAME OF DECEASED (Type of Print) FLORENCE THOMBSON 2. DATE AND HOUR OF DEA 3-12-71	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, A. STATE B. COUNTY	It institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALT	IMORE CITY 605
3 3 THE JOHNS HOPKINS HOSPITAL BALTIMORE E. STREET AND NUMBER 242 SPRING COURT	YES NO [
FEMALE NEGRO NEGRO NEVER MARRIED (6. DATE OF BIRTH lost birthday) 7. MARRIED NEVER MARRIED (8. DATE OF BIRTH lost birthday) 77. MARRIED DIVORCED 8-2-93	II Under 1 Yr. II Under 24 Hrs Manths Days Hours Min.
IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole of foreign country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if refired) Bullenue mul 3. FATHER'S NAME	U.SI
NELSON THOMPSON EMMALINE MANNING	
5. Was Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	ADDRESS
14 212-36-2017 Kose Jones 172	on Walle St
18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
(This does not mean the mode of dying, so CA) IMMEDIATE CAUSE	
heart failure, asthenia, etc. It means the disease.	WITE PHERMON
injury or complication which caused death.	^
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WE WAS PERFORMED 208. AUTOPSYS (See of No.) 208. IF YES, WE WAS PERFORMED 218. PLACE OF INTERVIOR 198. OF THE PLACE OF INTERVIOR 198. OF THE PLACE OF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHIRE DID home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) (If in Balti	imare City, give exact location)
21D-TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
KAPPROXI While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from 3/10	3/12- 10 9/
3/12	
and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.	opinion deoth occurred on the da
23A-SIGNATURE	238, DATE SIGNED
Michael Meison Degate Phys. Director Phys. 23C. PHYSICIAN'S	3/12/4
MICHAEL MERSON THE JOHNS HOPKINS	HOSPITAL
4A. BURIAL CREMATION, 24B. DATE 24G, NAME OF CEMETERY OF CREMATORY 24D. LOCATION BLAZAL BURIAL CREMATION, 24B. DATE 24G, NAME OF CREMATORY 24D. LOCATION CONTRACTOR DESCRIPTION 24D. LOCATION	(City, town, ar county) (State)
SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C FUNERAL DIRECTOR WAR 16 1971 Police & Jackson MA	ADDRESS ADDRESS
\$ 150-REV. 1/1/68	necy r



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

6	- 19 1	BALTIMORE CITY		2002
C	71 2	592 CERTIFICA	TE OF DEATH REG. NO	
1. NAM (Type or	TE OF DECEASED	ARY	2. DATE AND HOUR OF DE 3-12-7	1 9.5% P M
3. PLAC	CE IN BALTIMORE MARTLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived,	If institutions residence before admission)
FULL N HOSPIT INSTITU	TAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	MARYLAND BALTI	MORE CITY 804
1131110	THE JOHNS HOPK	CINS HOSPITAL	BALTIMORE	YES XX NO
5	3		E. STREET AND NUMBER	
			2241 E. PRESTON S	IREEI
5. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		DOWED DIVORCED	10-27-11	
	ring most of working life, even if retired)	, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
) Tousweft		Echmace Val	MSH
13. FATI	HER'S NAME		14 MOTHER'S MAIDEN NAME	IA NI
	JAMES LATHON		LILLIAN NORM	AIV-
5. Wee	Decessed Ever in U. S. Armed Forces? or unknown) (iii yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no	216-16-9629	Ilmore yencut	22418 Preston
18.	199.0	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY		at In
(Th	LEADING TO DEATH his does not mean the mode of dyi	(A) IMMEDIATE CAL		1 /O MIN
hee	art failure, asthenia, etc. It means the	disease,	CONSEQUENCE OF:	
infe	ury or complication which caused dea	im.)	instantation comme	40.41 ct
	ANTECEDENT CAUSES	(8)	perasione Caran	erna
	SEASES OR CONDITIONS, if any, to the above cause (A) sta		A CONSEQUENCE OF:	
	NDERLYING CONDITION last.	(c)		
-	II II			
EITO	HER SIGNIFICANT CONDITIONS CONTRI THE DEATH BUT NOT RELATED TO THE TO	ERMINAL		5.00
V DIS	EASE OR CONDITION GIVEN IN PART 1	(A).	20A. AUTOPSYS (Yes or No.) 208. IF YES, W	VERE FINDINGS CONSIDERED
ERTIF	WAS PERFORM	MED	YES IN CERTIFIED	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A	A. ACCIDENT WAS UNDERLYING CONTRIBUTINO CAUSE OF ATH (notify medical examined)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of		Itimore City, give exoct location)
210	D-TIME (Month) (Doy) (Year) (H	loud 21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
	INJURY	While At Not Whil		
	PPROX.)	Made As Made	1 1 1	
22		Work LJ At Work	2/23 207/ 1	3/11 7/
	. I certify that (1) (this hospital) at	Work At Work	2/21 19 7/ 10	3/11 19 7/
tho	I certify that (1) (this hospital) at of (1) (we) just sow the deceased a	Work At Work Itended the deceased from 3 1	19 ond that in (my) Cour	
tho	of (I (we) just sow the deceased a d hour and from the couses stoted	Work At Work Itended the deceased from 3 1	19 ond that in (my) Cour	Popinion deoth occurred on the date
tho	I certify that (1) (this hospital) at of (1) (we) just sow the deceased a	Work L. At Work Itended the deceased from Silve on above. (1) (We) (fild) (did not) v	19ond that in (my) (our lew the body after death.	
tho and 23A	I certify that (1) (this hospital) at of (1) (we) last sow the deceased a d hour and from the couses stoted . SIGNATURE	Work L. At Work Itended the deceased from Silve on above. (1) (We) (fild) (did not) v	ond that in (my) (our lew the body after death. Med. Staff Phys. C	Popinion deoth occurred on the date
tho and 23A	of (I) (we) just sow the deceased a dhour and from the couses stoted in SIGNATURE C. PHYSICIAN'S NAME (Type)	Work L. At Work Itended the deceased from Bive on 3/11 Book (1) (We) (Bid) (did not) to Book Attended the deceased from Book Attended the deceased from the deceased f	ond that in (my) (our lew the body after death. Med. Staff Phys. 13D. ADDRESS	Popinion death occurred on the date
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23A 23C	I certify that (1) this hospital at at (1) (we) last sow the deceased at down and from the couses stated a SIGNATURE PHYSICIAN'S NAME (Type) STEPHIN RA URIAL CREMATION, 248. DATE EMOVAL (Specify)	Work L. At Work Itended the deceased from Sive on 3/11 above. (1) (We) (Eld) (did not) to DEGREE Phy SKINI	ond that in (my) Courtiew the body after death. Mod. Stoff Phys. Care. THE JOHNS HOPKINS H	Popinion death occurred on the date
23A 23C 24A. BL	I certify that (1) (this hospital) at at (1) (we) last sow the deceased at down and from the couses stated to SIGNATURE STEPHIN RA URIAL CREMATION, 248. DATE BURY 1. 248. DATE	Work L. At Work Itended the deceased from Bive on 3/11 above. (1) (We) (did) (did not) v Cas Lin MD DEGREE Phy SKIN DEGREE	ond that in (my) Court lew the body after death. Med. Staff D 13D. ADDRESS THE JOHNS HOPKINS H MATORY 24D. LOCATION	238, DATE SJONED 238, DATE SJONED 3/12/7/ HOSPITAL (City, town, or county) (State)
23A 23C	I certify that (1) (this hospital) at at (1) (we) last sow the deceased at down and from the couses stated to SIGNATURE STEPHIN RA URIAL CREMATION, 248. DATE BURY 1. 248. DATE	Work L. At Work Itended the deceased from Bive on 3/11 above. (1) (We) (did) (did not) v Cas Lin MD DEGREE Phy SKIN DEGREE	ond that in (my) Courter the body after death. Inding Mod. Staff Phys. Courter Phys. Courter Phys. Courter THE JOHNS HOPKINS H	23R DATE SIONED 3/12/7/ HOSPITAL
23A 23C 23A	I certify that (1) (this hospital) at at (1) (we) last sow the deceased at down and from the couses stated to SIGNATURE STEPHIN RA URIAL CREMATION, 248. DATE BURY 1. 248. DATE	Work L. At Work Itended the deceased from Bive on 3/11 above. (1) (We) (did) (did not) v Cas Lin MD DEGREE Phy SKIN DEGREE	ond that in (my) Court lew the body after death. Med. Staff D 13D. ADDRESS THE JOHNS HOPKINS H MATORY 24D. LOCATION	238, DATE SJONED 238, DATE SJONED 3/12/7/ HOSPITAL (City, town, or county) (State)



NAME (Type)

24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 3/1/68

24B. DATE

24C. NAME of CEMETERY OF CREMAJORY

25B. NAME OF REGISTRAR

24D, LOCATION

25% FUNERAL DIRECTOR

(City, town, or county)

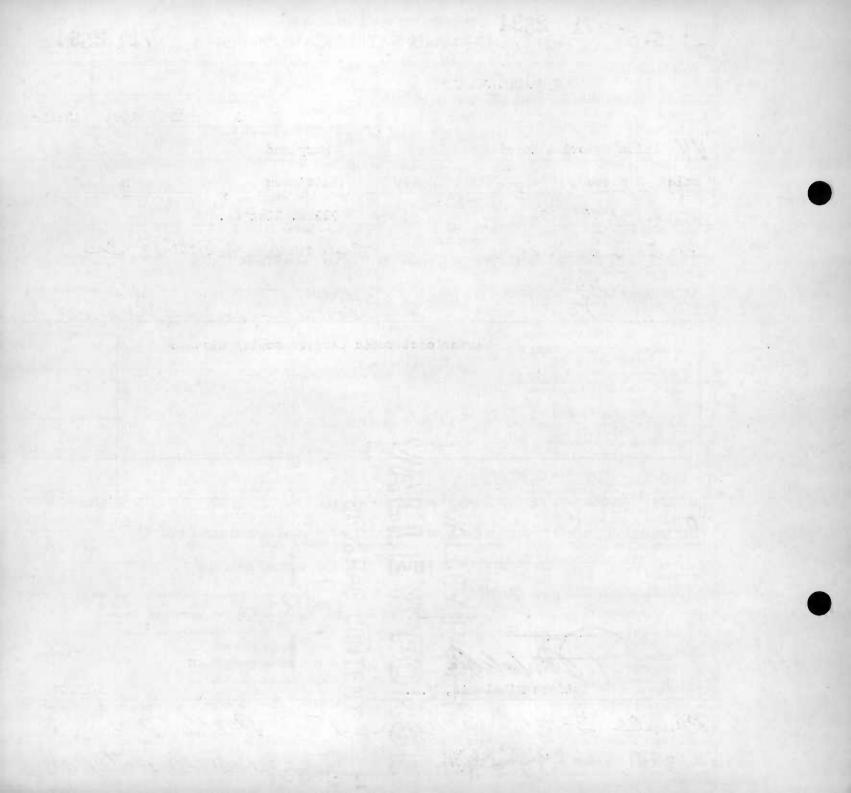
ADDRESS

(Stote)

The second secon Sale planted in the Chine came

VS 151-REV, 1/1/6B

ADDRESS

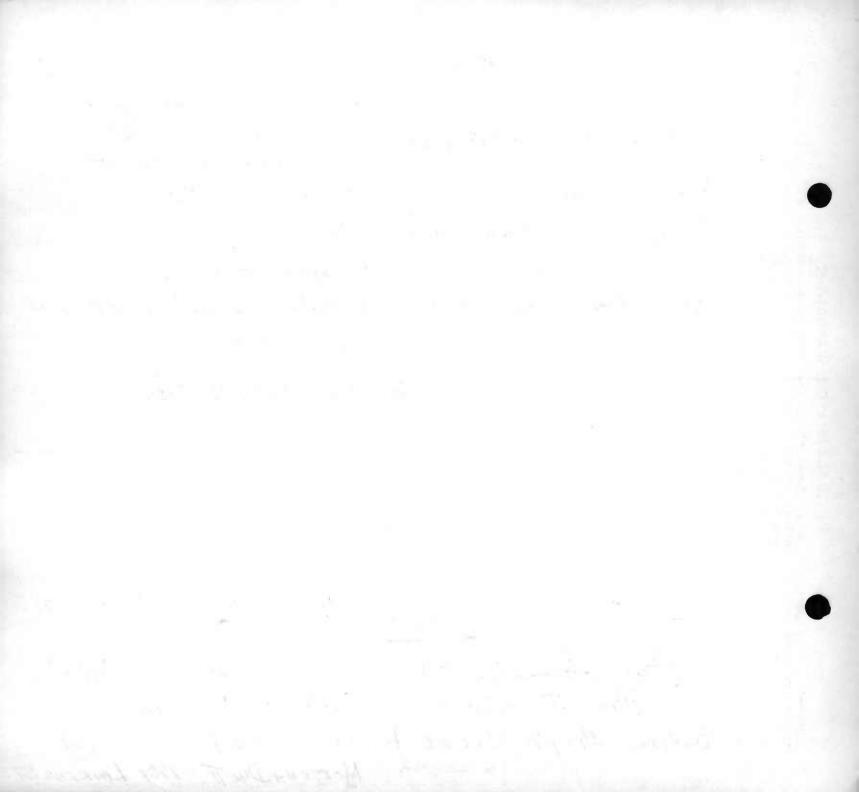


Saturday Cook has with a grant to cook a garage of the cook and the co BIRTH NO.

2596 MEDICAL EXAMINER'S	TH REG. NO.	1 2	2596		
EORGE L. JAMES	2. DATE Known CF DEATH Estimoted C	Month	Doy	Year	Hour
AND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION, GIVE STREET IR LOCATION)	3. DATE PRONOUNCED DEAD	Month 3	13	1971	Hour 7 a

	NAME OF L	DECEASED				2. DATE OF	Known 🗌	Month	Doy	Year	Hour	
(Type or Print) GEORGE L. JAMES				DEATH	Estimoted					M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Month	Doy	Yeor	Hour			
HO	L NAME OF SPITAL INSTITUTION	ADDRE	T IN HOSPITAL		ITUTION, GIVE STREET		NCED DEAD SIDENCE (Where	3 e deceased	13	1971	7 a	M.
4	14 1	nion Mem		-		A. STATE	1d.		B. COUNTY		203	
6. 5	EX	7. RACE		8. MARR	IED 🗌 NEVER MARRIED 🔲	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
	male	negr		WIDOW		Į.	to.			YES 🔀	NO 🗆	
	7- A	7-50	10. AGE (In 10 lost birthdoy)	yeors	Il Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		ND NUMBER 2527 Barc	lay S	t.			
11.	RIGHT	E (State or loreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	anloa	٤.	Fam	es)		
14A done	USUAL OG	of working lile, ev	en if retired)	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME (
		ASED EVER IN wn) (Il yes, give v				18. INFORM	ANT E	7000	no	ADDRESS	nolaus	7
	19.	3 42- 7.	Y		CAUSE OF DEA	<i>СЕДОЛ</i> тн	ussic of	cme	0, ~ 00	AF	PROXIMATE INTE	RVAL
	DISC	ASE OR COND	INON DIRECT	TIV						9614	TEN UNSET AND	DEATH
	(This doe	ASE OR COND LEADING TO s not meon the ure, osthenio, etc. complication who	DEATH mode of dyin . It means the d	ig, e.g., diseose,	(A)IMMEDIATE O	AS A CONSEQU	nio-cere	bral :	injuries	S		
		ANTECEDENT	CALISES		(0)							
		S OR CONDITIO	ONS, IF ANY,		(B) DUE TO, OR	AS A CONSEC	UENCE OF:		*****			
		THE ABOVE CAT YING CONDI T I		NG THE						200		
2					(C)							
ATI	OTHER S	GNIFICANT CON	II NDITIONS CO	NTRIBUT	ING							
CERTIFICATION	TO THE	DEATH BUT NOT	RELATED TO T	HE TERM								
RTI					FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	No)
2	2									yes	S	
SAL		ERNAL CAUSE			22B. PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID	(If in Boltin	nore City, give			
EDIC		NG⊠OR CON CAUSE OF DEA			home, form, loctory, street, office house	e biag., etc.) III	416 Lorra	aine A	Ave.	203		
Σ	22D. TIME	(Month) (D	oy) (Yeor)	(Hour) 22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OC	CUR?			
	(APPROX.)	3-12-7	1 1:4	q 04	m. WHILE AT NOT	WHILE X	Jumped f:	rom w	indow.			
	23.											
	l c	ertify that I h	eld on In	quiry L	Inspection Au	topsy X	ond that on t	his basi:	s, deoth in n	ny opinion		
	res	ulted from: N	latural cous	as L	Accident Suicio	le K Ho	micide 📙	Undeterr	nined monne	r		
	ACTL	AL (//	12	15/1		HIEF MEDICAL				DATE SIGNE	ED
		ATURE	10	TU	welan 5 M.C	ASSIS	STANT MEDICAL	EXAMINE	₹ <u>□</u> \$			
		INER'S E (Type)	Isido	ore M	ihalakis, M.D.	ASSO	CIATE MEDICAL	EXAMINE	2	3/1	13/71	
	BURIAL C	REMATION, 2	4B. DATE		24C. NAME of CEMETERY	CREMATO	RY 24D.	LOCATIO	N (City, to	own, or county)
RE	MONAL (SI	recify)	31	7-7.	mt aux	rurn	(Em 6	Dal	to		m	col
25/	. DATE REC	'D BY HEALTH	DEPT.		AME OF REGISTRAR	25C.	UNERAL DIRECT	OR	,	ADDRESS	VI.	A=
	MA	R16 197	7 Pale	38	Farber, M.D.	1	ayrer	San	dere -	2176	Trelo	ton
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there There Bureal 3-17-71 MA authorn Em Ball



VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

4%		ERTIFICATE OF DEATH	Prof	000
BIRTH NO.	LK 3 C	EKTITICATE OF DEATH	REG. NO.	2599
I. NAME OF DECEASED (Type or Print) PAUL ALLEN III		2. DATE Known Month OF DEATH Estimoted	Doy Ye	or Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	D	3. DATE Month	Doy Ye	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	ET	PRONOUNCED DEAD 3 5. USUAL RESIDENCE (Where deceased lived. I	13 19	M.
00 5806 The Alameda			OUNTY	2748
6. SEX 7. RACE B. MARRIED NEVER MAI	RRIED 🗌		INSIDE CITY LIMI	TS?
	RCED 🗌	Balto.	YES X	№ □
9. DATE OF BIRTH 12 -12-40 10. AGE (In years If Under I Yr. If Und		E. STREET AND NUMBER 5806 The Alameda		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		13. FATHER'S NAME		
New York, New York WHAT COUNTI	RY?	Paul Allen		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR done during most of working life, even if retired)	INDUSTRY	15. MOTHER'S MAIDEN NAME		
		/Bernice Reed		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY	Y NO.			d, New York
			4 Rocaway	Beach Blvd.
19. CAUSE	E OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	MEDIATE C	AUSE Hanging		******************
neort follure, ostnenio, etc. It meons the diseose,	JE TO, OR A	S A CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES (B)			.77110100000000000000000000000000000000	******************
mee to the risot and and the thing the	JE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST. (C)) at the second
E II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA			100	
DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 20B.	ATION WA	S PERFORMED	21 △	UTOPSY? (Yes or No)
B C C C C C C C C C C C C C C C C C C C	A11011 11/2	5 TERT ORMED	21. 6	no
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJ	IURY (e.a	n or obout 22C. WHERE DID (If in Boltimore Cit	ty give exact locati	
UNDERLYING OR CONTRIB-	street, office	bldg., etc.) INJURY OCCUR? 5806 The Alameda	2745	7
22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OC	CURRED	22F. HOW DID INJURY OCCUR?	4	
OF INJURY 3-11 or 3-13 2.40p WHILE AT	пот	WHILE TO Hung Self		
23.	AT W	OKK [-]		
I certify that I held an Inquiry Inspection	IUA K	opsy 🗌 ond that on this basis, deo	th in my apinio	n
resulted from: Notural eduses Accident	Suicid	Homicide Undetermined	monner	
1 Ph 4		CHIEF MEDICAL EXAMINER		2.475 (10.452
SIGNATURE // Mululaling	7M.D	ASSISTANT MEDICAL EXAMINER		DATE SIGNED
EVANABLEDIS		ASSOCIATE MEDICAL EXAMINER		2/1//71
NAME (Type) Isidore Mihalakis, I				3/14/71
24A. BURIAL CREMATION, REMOVAL (Specify) Cremation 3-17-71 Louden		Pr CREMATORY 24D. LOCATION Blaitimore	(City, town, or cou	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA		25C. FUNERAL DIRECTOR	ADDRESS	
MAR 1 6 1971 Page E. Faller	1			4d. 21217

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state action .

NAME OF BUILDING

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-			HEALTH DEPARTMENT	mi.4	13000
BIR	TH NO. 71 2600	CERTIFICA	E OF DEATH	REG. NO. 71	_&SUU
	POR Right NIE WILSON POL	LARD	3/13	. , , ,	1110 Am.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	eceased lived. Il institution	residence before admission)
FU HC	LL NAME OF SPITAL OR ADDRESS OR LOCATION) SPITUTION		Md.	D. INSIDE CITY	1562 LIMITS?
0	LOUTH GALTIMOLE	GEM. HOSP.	RAITO.	YES 🛭	1
3	201 S. HANOVER S		E. STREET AND NUMBER	DI	
	BALTO. MD 2123	0.	27/6 Setho		
5. 3	WIDOW WIDOW	DIVORCED	12/18/89 lost	8/	der 1 Yr. II Under 24 Hrs. B Days Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KINE of during most of working life, even it refired)	OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or foreign		TIZEN OF WHAT COUNTRY?
	Retired		VA.	(li SiA.
13.	FATHER'S NAME	1 1 1 1 1 1 1	14 MOTHER'S MAIDEN NAME		
	Melvin Johnso		UNK.		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or doles of Service	SECURITY NO.	17. INFORMANT		ADDRESS
	No	217-24-2785	Mrs. W. SON		
	18.458.01	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DENY	DRATION, M	AKKED.	
	(This does not mean the mode of dying.	A)IMMEDIATE CAL	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise- injury or complication which caused death.)	DSe,	*		
	ANTECEDENT CAUSES	m KYK	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	0.(3)	1001116
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) MAS	TECTOMY FO	OR CA(1)	11913.
	11				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG DECUR	BITUS Udeer	5.	
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20A.AUTOPSY7 (Yes of No.)] 2	OR IS VES WERE SINDING	35 CONSIDERED
CERTIFICATION	19A. DATE OF OPERATION 19R CONDITION F	OR WHICH OPERATION	TOWN AUTOPOLITIES OF MON	OR IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examined)	21 B. PLACE OF INJURY le.g., home, form, foctory, sireet, of etc.)	n or about 21 C. WHERE DID	(II in Bollimore City, s	give exact location)
50		21E INJURY OCCURRED	2) F. HOW DID INJUR	Y OCCUR?	
MEDI	OF INJURY	While At Not While Work At Work	• 🗆		
	22. I certify that (i) (this hospital) attende			7/10 3	113 1921
	that (1) (we) lost saw the deceased alive	2/1	h 97/		eath occurred on the date
	and from the sauses stated above			mina, icon obranon m	
1	23A. SIGNATURE	Lynn	110 0007 01101 0001111	23 & D	ATE SIGNED
	Martin hum	an MA Ath	anding Med. Sto	III V	3/13/7/
	23C. PHYSICIAN'S		23D. ADDRESS		
	MAZTIN J. SH	an My mo	SOUTH BULL	o Gen. Kag	0 3001 J. XILLIN
24	A. BURIAL CREMATION, 248, DATE 24	DEGREE C. NAME OF CR	EMATORY 24D. LOC	ATION (City, town	or county) (State)
	BuciOL 3/12/21	Arbutus	Be	to.	Md.
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL) DIRECTOR	4	ADDRESS
	MAK 16 1971 OGBer 1	Adrian Legis	MORTON & DyeT	1701 KA	URENS ST.
1/5	150 DEN 1/1/48	/ 1	V		

A YTID SROMITJAB

a hospital and

(1) death.

				BALTIMORE CITY	HEALTH DEPARTMENT		71 2601
	IRTH NO. 71	2601		CERTIFICA	TE OF DEATH	REG. NO	17 5001
	NAME OF DECE					ND HOUR OF DEATH	
CI	ype or Print) C'	ALLOWAY 1	MARGUE	RITE	3/1.	5/21	6.00 AM
3	PLACE IN BALT	IMORE MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)
F	ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	1 11111	wto to	HUP. 15/2
	Sales India	ADDRESS OR LOC	ATION)	TO side	C. CITY OR TOWN		IDE CITY LIMITS?
	SINAI HOSA	TAL OF TS	H. Hack	1-11-11	E. STREET AND NUMBER	RE	YES NO
	17			4-8-71	2817-SA	nto Fe	AVE.
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF SIRTH 2/5	9. AGE (In years last birthday)	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
	<i>/</i> ~	\sim	WIDOWED		1/01/1901	1501	
de	ne during most of W	orking life, even if retired)	A.	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or face	ign country)	12. CITIZEN OF WHAT COUNTRY
1		141 Cater	ing /12	117-	Wilkes D	GRRE PA	4 43#
113	FATHER'S NAM	. //	Food '	Industry	14. MOTHER'S MAIDEN NA	///	,
1	L4WS		ses		WAR-In	7 1014.	SON
(7)	es, no of unknown)	Ever in U. S. Armed Fo (If yes, give wor or dote	ces? es of service)	6. SOCIAL SECURITY NO.	17-INFORMANT		ADDRESS 2121
	lee .				LINDA CAllo	WAY 28.	17-DANTA KET
	18. / 5 9	OR CONDITION DI	ALCH A	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	L	EADING TO DEATH	KECILY	ALLEN ALED LATE CALL	or Abetalative	Jande	
	(This does no	t mean the mode of sthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS	SE OBSTRACTIVE	ble Commons	
	injury ar comp	lication which caused	death.)		A CONSEQUENCE OF: pro bas	or panerem	. 4
		NTECEDENT CAUSES		(B)			
	nise to the	CONDITIONS, if above cause (A)	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION lost.		(c)	************************		***************************************
z		11					
ATION	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL	***************************************	*******		
U	19A. DATE OF C	NOTION GIVEN IN PAR	DITION FOR WI	ICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERTIF	0	WAS PER	_	-		IN CERTIFYING CA	USES OF DEATH?
AL C	OR CONTRIBUT	WAS UNDERLYING LING CAUSE OF nedicol examined	218, P home, etc.)	LACE OF INJURY (e.g., in form, factory, street, of	i or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
EDIC	21D. TIME (Manth) (Doyl (Year	(Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		While Work	At Work			
	22. I certify the	hat (H) (this haspital			2-18-	197/ to	3-15-1971
		ast saw the decease		3-15-			nian death occurred an the date
	and hour and	from the causes stat	ed abave. (1).	(We) (did) (did not) v	lew the bady after death.		
	23A. SIGNATUR	1				,	23 B. DATE SIGNED
		Sronad	/	ness pegge Phys	Med. Director	Staff Phys.	3/15/21
	23C. PHYSICIAN NAME (Typ	P. PRAS	AD		3D. ADDRESS Since Itospital,		md 2/2/5.
24	A BURIAL CREM	ATION, 248. DATE	24C, NAA	AE OF CEMETERY OF CRE	MATORY 2401-19	CATION (Ci	ty, town, or coupty! (Stote)

258, NAME OF REGISTRAR
POSSEL E. Jaben KA

MAR

VS 150-REV. 1/1/68

DIRECTOR

ADDRESS

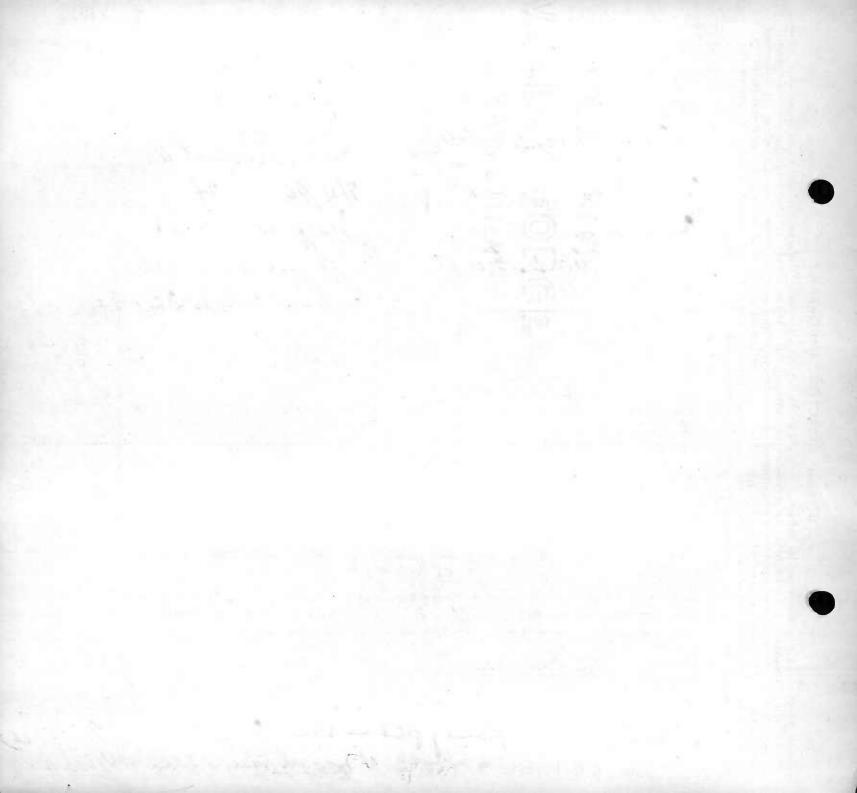
IMPORTAN

DIRECTOR:

FUNERAL

The life of the later of the state of

132	71 2603 CERTIFICATE OF DEATH
and sed the the	1. NAME OF DECEASED / / 2. DATE AND HOUR OF DEATH
200	(Type or Print) (I) E DE LOGATCH MACLE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4, USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
Spir	A. STATE B. COUNTY
dar dar	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) O. INSIDE CITY LIMITS?
2 3 4 2	003201 narmount aves Dallemore YES NO
D.E _ D.E .	3201 Mormount lever.
ribu ribu jula pula ed nad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE/OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min,
	TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, SIRTHPLACE (Stote or foreign caunity) 12, CITIZEN OF WHAT COUNTRY
or condet in in dec	done during most of working life, even if retired) Warfeld Jurymula
vas vas	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
dire	15, Was Deceased Ever in U. S. Armed Farces? 116, SOCIAL 17, INFORMANT ADDRESS
B - D E O -	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	18. 2 4 2 X CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
den fo	DISEASE OF CONDITION DIRECTLY
Tage Ag	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
50779	injury ar camplication which caused death.)
ami A fr	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
exc exc (3) / in w	rise Ia lhe abave cause (A) slaling lhe UNDERLYING CONDITION last. (C)
lica cal ns; icia icia	
bed ed	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
dy dy icic	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204, AUTOPSY2 (Yes of No.) 208, IF YES WERE FINDINGS CONSIDERED
+ + B + × e	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimare City, give exect location)
e e e e	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
lby spi	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ove he he hair	(APPROX.) Work At Work
th th (ex)	22. I certify that (I) (this hospital) attended the deceased from 19 19 10 19 10 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
	and hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.
den den osp dec dec mus	23A, SIGNATURE 23B, DATE SIGNED Attending Med. Staff
E + C C E	OEGREE Phys. Director Phys.
An a at at orior	M. S. D. J.
- A -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
bod ws: D.C ease	Educated Family plat - La Weldon Maritud
rhis the show was dece	MAR 1 6 1971 Poses & Jacker 1971 Poses & Jacke
	VS 150-REV. 1/1/6B
	trificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and y was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deating was released to the hospital by a medical examiner. (a) An accident of any nature; (b) Body burns; (c) A fracture of any kind; (d) Undetermined cause; (e) Deceas O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decased prior to death. Su ad prior to death); and (e) No physician was in regular attendance on the deceased prior to death. Su approval must be obtained before the remains are embalmed or final disposition is made.

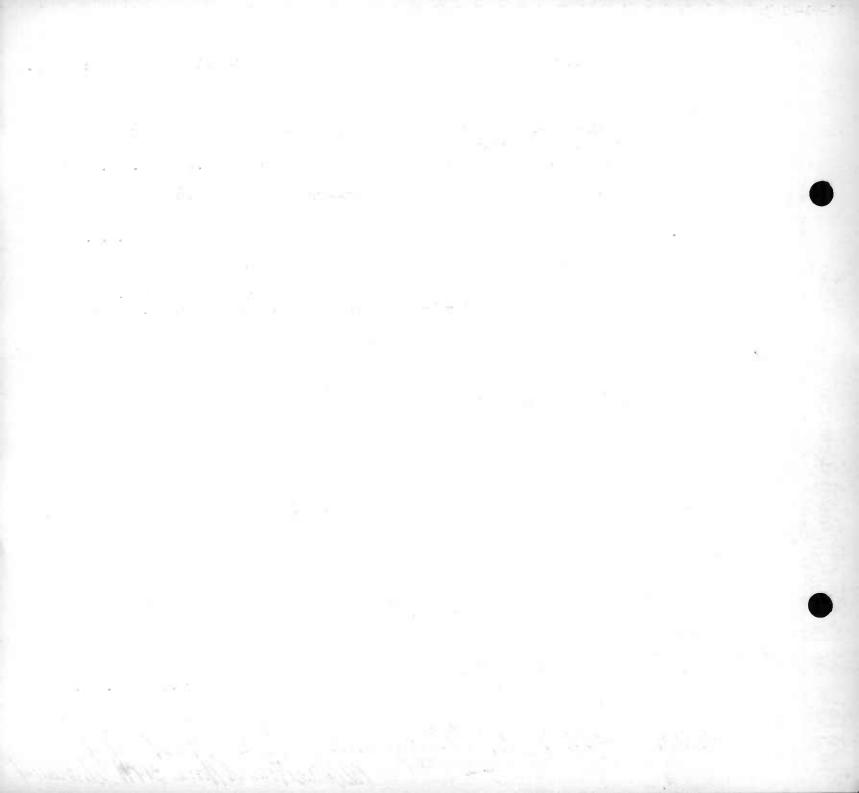


71	2604
9-11	A

71	2604		BALTIMORE CITY	HEALTH DEPART	MENT					
C 2-00				TE OF DEA		REG. N	NO	71 8	2604	
1. NAME OF DECE				12.	DATE A	ND HOUR OF	DEATH			
	Aubrey					3-14-7		1 1	1:30	p. M.
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	& COUN	ore decoased live	ed. Il instit	ution: residen	ce belare a	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION	UTION, GIVE STREET	Maryland			D INSIDE	CITY LIMITS?	02	2
2/	Baltimore C	Baltimor	e			ES K	поП			
	4940 Easter		_	E. STREET AND N	UMBER					,
5. SEX 6	Baltimore,			508 Popl	ar G	rove St.	, Balt	to. Md.	21216	ŝ
	. RACE		× NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeo	ors I	II Under 1 Yr.	. II Under	24 Hes
Male	Negro	WIDOWED	DIVORCED	9-18-09			61 "	Tomas Days	nauis	Min.
done during most of wa	'ATION (Give kind of work orking file, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or lare	ign country)	i i	12. CITIZEN O	F WHAT C	OUNTRYT
	urity Pensic	n i		Marvla	nd			11 0	٨	
13. FATHER'S NAM				14. MOTHER'S MAI		ME		U.S.	A.	
	ward Chase			Ethel H	owai	rd				
	ver in U. S. Armed For Il yes, give war or date	ces? s ol service)	SECURITY NO.	17. INFORMANT		4940 Eas	stern	Ave.	RESS	
18. / / O			216-07-7993 CAUSE OF DEATH	BCH Recor	ds:	Baltimor	re, Md	. 2122	4	
(This does not heart failure, as injury or compliant of the DISEASES OR rise to the	OR CONDITION DIR EADING TO DEATH mean lhe mode of siheria, etc. It means ication which coused ATECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	dying, e.g., the disease, death.)	Acute	MUCHON SE CONSEQUENCE OF: CIGOR OF A CONSEQUENCE OF	, kig	e de E blurd 1 2,90/.	hessu 160	44	en onset an	mites
I DISEASE OR CON	ANI CONDITIONS CONBUT NOT RELATED TO THE NOT RELATED TO THE NOTITION GIVEN IN PART PERATION 179E. CONT	I (A). DITION FOR WORMED	Cancer of	P Co. le	ug es or No	- Left 208. IF YES, IN CERTIFYIN	Lewy WERE FINE G CAUSE!	Llegra DINGS CONS S OF DEATH	IDERED	S
OR CONTRIBUTE	WAS UNDERLYING	218. home	PLACE OF INJURY (e.g., in e., form, foctory, street, offi	or about 21C. WHERE	DID CUR?			lly, give exact	4 6	3
-	Manth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW	ILNI DID	JRY OCCUR?				
(APPROX)		Whil	e At Not While							
22. I certify the	at (1) (this hospitol)	ottended th	e deceosed from 1	12.71	1	9to	7	10	10	7/
	st saw the deceased		3. 14	19 7/		ot In(my) (our	nolalao (s			1 - 1 - 1 - 1
•			(We) (did) (did not) vi		L	, in(my) (00i	/ opinion	deoth occ	urrea on ti	he dote
23A. SIGNATURE	chel &	aaa	le Atten			Staff Phys.	238	A DATE SIGN	7/	
23C. PHYSICIAM'S NAME (Type	MICHE	L S,	DEGALE			astern A		Balto. Hosp	Md. 21	1224
REMOVAL (SAS	City) 248 DATE	24C.NA	ME OF CREATERY OF CREA	ATORY	24D. 10	CATION	1 (Gily, 19	yn, of coonly	S (S	Stote)

25A. DATE REC'D BY HEALT MAR 16

VS 150-REV. 1/1/68



a hospital and

0-05	BALTIMORE CITY	HEALTH DEPARTMENT		Mark A
BIRTH NO. 71 2605	CERTIFICA	TE OF DEATH	REG. NO	71 2605
1. NAME OF DEFEASED	- 1	2. DATE AND	HOUR OF DEATH	1 36
3. PLACE IN BALTIMORE MARYLAND, WHERE	A C	9//	3/7/	6 3 A M
STEACE IN BALLIMORE MARILAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	déceásed lived. If i f	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE		YES V NO
SBALTIMORE, MD 2120	5	E. STREET AND NUMBER		
5. SEX 6. RACE 7. 44	ARNER CI ALENER MARRIED CI	B. DATE OF BIRTH 19.	AVE AGE (In years	
MALE NEGRO WIE	ARRIED NEVER MARRIED DIVORCED DIVORCED	07-23-13	st birthdoyl 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, 8 fone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	(country)	12. CITIZEN OF WHAT COUNTRY
Truck Drivor		AA. Co 11	10%	
STATHER'S NAME		14. MOTHER'S MAIDEN NAME	E 07	
James / hompso	N	Dancus A.	Hollers	rest
5. Was Deceased Ever le U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of s	1 6. SOCIAL	17. INFORMANT	11011000	ADDRESS
No	ervice SECURITY NO.	Ever Thomason	/	
18, // 00 91	CAUSE OF DEAT	H VE IIIOTAIJOON		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL		/		BETWEEN ONSET AND DEATH
LEADING TO DEATH		Mandenna all	otron Co	2024
(This does not mean the mode of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF	atory ar	
heart failure, asthenia, etc. It means the d injury or complication which caused death	isease,	A CONSEQUENCE OF	U	
ANTECEDENT CAUSES			• , 4	
	(B) Cerebr	ovascular ar A CONSEQUENCE OF: Mant Hypert	udent	-
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station	giving DUE 10, OK AS	A CONSEQUENCE OF:	<i>t</i>	
UNDERLYING CONDITION last.	(c) Male	mant Hyperi	ension	
11	//			
OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING			
TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)				
19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
		July 1		
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, factory, street, at etc.)	n or about 2fC. WHERE DID fice bldg., INJURY OCCUR?	(if in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUP	
E OF INJURY	While At Not While			
	Work At Work		10:	
22. I certify that (1) (this hospital) atte		a march 19	11 10 13	march 19 11
that (1) (we) last saw the deceased alt	e on 13 March	19 7/ ond that	tn (my) (our) op!	Inton death occurred on the date
and hour and from the causes stated ab	ove. (1) (We) (dtd) (dtd not) v			
23A. SIGNATURE				23 B. DATE SIGNED
Marin Ho 6	Atte	nding Med. Sk	off 2	177000 1 1671
23C, PHYSICIAN'S	MD DEGREE Phys	Director Ph	ys.	10 march 1711
23C.PHYSICIAN'S NAME (Type)	140	(c t \)		13 march 197/ Bultinuse
L Cury Lamin	ner MU DEGREE	601 11-Broad		
4A. BURIAL CREMATION, 246 DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION // IC	ity town or county) (Stote)
Busial 3/18/91	(Kurchille	1/60	(hAAIA)	4/1/1/1
25A. DATE REC'D BY HEALTH DEPT. 258. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	zanuary.	ADD RESS/
	& E. Haben De A 1	Malliant fine	DING Hours	3 mm / about 1
/S 150-REV. 1/1/68	TO CHANGE WEEK	Therman Iresh	ray / york	MATH SCHOOLS

That Duine Errys A William 13.00 at 3/000 Marst Time The course of the second se

	EALTH DEPARTMENT	
71 2606 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	71 2606
I. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Day	Year Hnur
James Burke	DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD 2 11 7	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	3 11 /	М.
A.A.	5. USUAL RESIDENCE (Where deceased lived, if institution A. STATE B. COUNTY	residence before admission
6. SEX 7. RACE 8. MARRIED TO SETUE ALABOUT TO	Maryland	2,001
MAKKIED L. NEVER MARKIED L.	C. CITY OR TOWN D. INSIDE CI	
male colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs.		NO 🗆
Months; Doys; Hours; Min.	1826 W. Fairmount Ave.	
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Balta Mil WHAT COUNTRY?	Man / Duka	
14M USUAL OCCUPATION Give kind of work] 14B. KIND OF BUSINESS OR INDUSTR	MEX CENTER SMILEN NAME	
doneduring most of working life, even if retired)	Rose 3	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL		DDRESS
Yes, no os unknown) (If yes, give wor or dotes of service) SECURITY NO.	R Wasanh L. Runka 9.30	W. Cornallion
19. / CAUSE OF DE/	ATH STATE OF THE S	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	11 - 1- 1- 1- 1-	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE	osclerotic cardiovascular dise	ase
	AS A CONSEQUENCE OF:	************************
Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT PELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DESCRIPTION OF THE PROPERTY	
O Date of OFEKATION 1200. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exo	no
UNDERLYING TOR CONTRIB. home, farm, factory, street, offi	ce bldg., etc.) INJURY OCCUR?	ct tocation)
UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX) WHILE AT NO	T WHILE	
m. WORK AT V	WORK L.J	
I certify that I held an Inquiry I Inspection X A.	utapsy and that on this basis, death in my	opinion
resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE WAYNOW M.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	Deputy Chief Medical Examiner	3/12/71
NAME (Type) Werner U. Spitz, M.D.		
24%, BURIAL CREMATION, 248. DATE 21 NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City.) toyin	or county) (Stote)
Durial 3/6/7/ 1/17 (11/36)	n com: paul my	1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS 01/
MAR 16 1971 Pobe E. Jaben KA)	Williams Yuneun Home	3/9// Sephorely 4
VS 151-REV. 1/1/68	The state of House	1111 411 611

Rose die de des dieses Lytarde Roll Carrell mit lugar Cin dealle Hil. Ellino Throat the 319 Stores

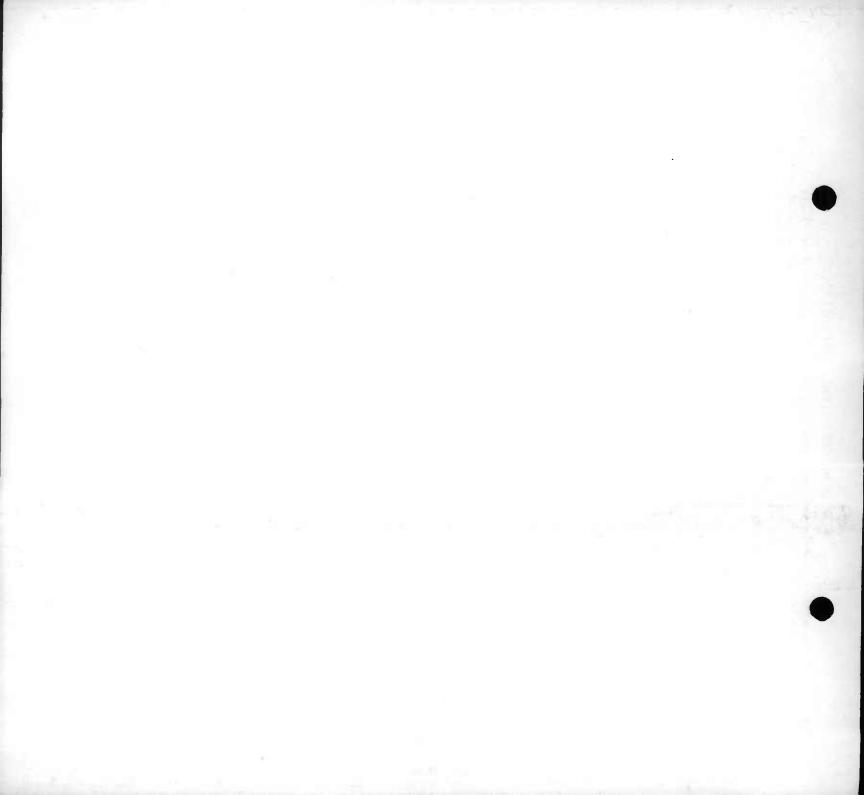
VS 150-REV. 1/1/68

Bering Styles and State of the State of the

r14	2608			HEALTH DEPARTMENT	PEG NO	17/1	2608
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	1	~5U0
1. NAME OF DE (Type or Print)		TTO O	041100		AND HOUR OF DEAT		
3. PLACE IN BA	WILLIAMS, LOU	NHESE SECNOT	INCED DEAD	4. USUAL RESIDENCE (W	March 12,	1971	8:10 P.
				A. STATE B. COL	INTY	institution;	residence below admission
Nontrution Veterans Administration Hospital				C. CITY OR TOWN D. INSIDE CITY LIMITS?			
				Baltimore YES X NO			
25 39	900 Loch Raver	n Boulev	ard	E. STREET AND NUMBER			
Baltimore, Maryland 21218				758 Redwood St.			
• SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	II Und	er 1 Yr. If Under 24 Hrs Doys Hours Min.
Male	Negroid	WIDOWED	-	3-12-71	lost birthdoy)	Months	Doys Hours Min.
OA. USUAL OCC	CUPATION (Give kind of wor	108 KIND OF		11. BIRTHPLA CE (Stoto or lo	reign countryl	12, CIT	ZEN OF WHAT COUNTR
one during most of	t working life, even if refired)			Maryland			
Meat Pac	CKer			14. MOTHER'S MAIDEN N.	A A A W		U.S.A.
James Williams				Nany Woods			
5. Was Deceased	d Ever in U. S. Armed Forn) Of yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMANT Records V. A. Hospital ADDRESS			
			SECURITY NO.				mana Ma
Yes	11-27-12 to	エエーエラーなり	216-01-7236 CAUSE OF DEAT		aven DIVO.,	Daltl	MOTE, MO.
160	SE OR CONDITION DI	DECTI V	OTTOTA OF DEAT	SIR.			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				Pulmonary embolus			24 Hrs.
(This does	nat mean the made of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	************		
injury ar car	, asthenio, etc. II means mplication which caused	the disease,					
ANTECEDENT CAUSES				Pulmonary ed	lema		24 Hrs.
	OR CONDITIONS, II		(B) DUE TO OR AS	A CONSEQUENCE OF:			**********************
rise to th	ne abave cause (A)	stating the	001 10, 0 k A3				
UNDERLYIN	G CONDITION lost.		(c)	Carcinoma of	the lung		3-4 Months
2	11						
I I I O THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO	HE TERMINAL		Hypercalcemia	2.		
DISEASE OR C	CONDITION GIVEN IN PAR	T 1 (A).					+0++0++++++++++++++++++++++++++++++++++
19A-DATE OF	F OPERATION 198 CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?
21A ACCIDE	NT WAS HADSHANDS	1 1010		No			
. OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examiner	home elca)	rLACE OF INJURY (e.g., i , farm, factory, street, of	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltim	ore City, giv	e exact location)
OF INJURY	(Manth) (Doyl (Yearl	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
[APPROX.)			Not While	יח ו			
22 1	Alma VIII / AL I - AL I	Work		1	77 15	200	
	that XII (this hospital					rch 12	19
				19_71and t		ointon dea	th accurred an the date
and have an	d from the causes stat	ed abave.XII	(We) (did) (did hot) v	lew the bady after death.			
23A. SIGNATU	URE / A / LA OULS	1. /1/11	(4)			23B, DA	TE SIGNED
	1/11/14/00	7/1/1	Atte	nding Mod. Director	Staff Phys.		3-13-71
23C. PHYSICIA NAME (1	(N'S	1	- Country		Hospital		
IAMINE (I	Michael Tr	roner M	. n.	3900 Loch Raver		ltimor	e. Md.
A, BURIAL CRE			ME OF CEMETERY OF CRE			0	
PREMOVAL (Specify) Q/in/	4/ 11	THE CHE OF CRE	1/ + 1/11 /	LOCATION	City, town	countyl (Stote)
rurial	9/5//	Nel	lystury 1	alima Cen A	Mystru	a 10	U.
A. DATE REC'D	BY HEALTH DEPT	25B. NAME OF		25C. FUNERAL DIRECTO	3/1 /11/1	7 1	ADDRESS
MA	R 1 6 1971	1-15-E. V	Alba N.D. 9	O MILLISMAN Y	CHECKEN /YOU	ne 31	941 SCHURERY
\$ 150-REV. 1/1/	68		Pak .				

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VS 150-REV. 1/1/68



		Y HEALTH DEPARTMENT X PEG NO 71 2610
	RTH NO. CERTIFICA	ATE OF DEATH REG. NO. 72 COLO
	NAME OF DECEASED Panielw. 13 all.	2. DATE AND HOUR OF DEATH 3 10 17 17 20
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived. It institution: residence before admission) A. STATE B. COUNTY
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Balte 5300
IN	ISTITUTION	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES A NO
-	Lutheran Hosp.	E. STREET AND NUMBER
5.	Male 6. RACE 7. MARRIED V NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years 12-26-98 lost birthdoy) 72 If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
0,	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
do	ne during most of working life, even if retired) Minister	Virginia USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Isaiah Ball	Annie Crabbe
15. (Yo	Was Decoased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Unk (1995, give wer at dates of service)	A Grace Ball 4522 Spring Avenue
	18. 3 CAUSE OF DEA	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ise Shock
	I REGII MILLIE, OSINENIA, etc. II means the disease	A CONSEQUENCE OF:
	injury or complication which coused death.)	15-20 h
	(8)	CONSEQUENCE OF:
	rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)	
_	II II	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
FIC/	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	21A ACCIDENT WAS INDESTRUMED.	
CALO	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, street, cells)	fine bldg., INJURY OCCUR? (If in Baltimare City, give exect lacotion)
MEDIC	21D.TIME (Month! (Doyl (Year) (Haus 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At No! Whi	e 🗀
	22. I certify that (I) (this hospital) attended the deceased from	Mas 10 19 7/ 10 Mas 10 19 11
	that (I) (we) lost sow the deceased alive on	19
	and hour and from the causes stated above. (1) We (did) (did not)	riew the body ofter deoth.
	23A. SIGNATURE	anding Med. Shaff Director Phys. 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) M. D. D. D. D. DEGREE Phy	22D ADDRESS
	NAME Types Myung Duck Ro M.D.	Lutheran hisp. 730 Ashburton at.
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 3/15/71 Arbutus Mem.	Park Baltimore, Maryland
25/		
	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
Ve	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR JOSEPH LA 1	Kelson F.H. 1348 N. Calhoun St.

£103 ...

Lutheran Hosp.

Minister

Isaiah Ball

Unk :

Annie Crabbe

216-10-9950A Grace Ball 4522 Spring Avenue

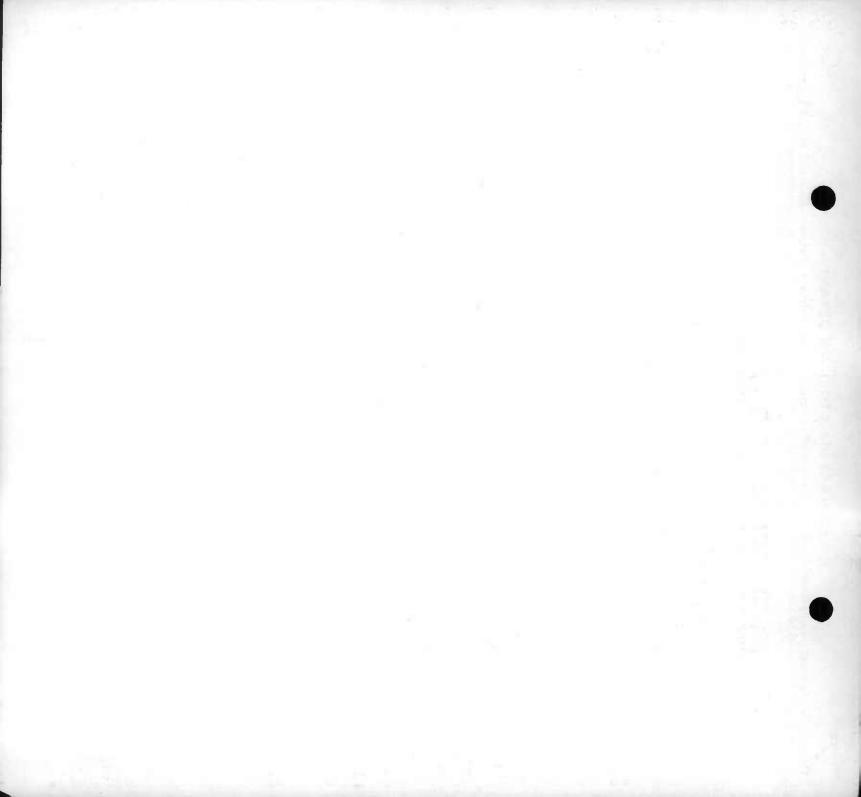
USA

Maryland

Virginia

Burial 3/15/71 Arbutus Mem. Park Daltimore, Maryland

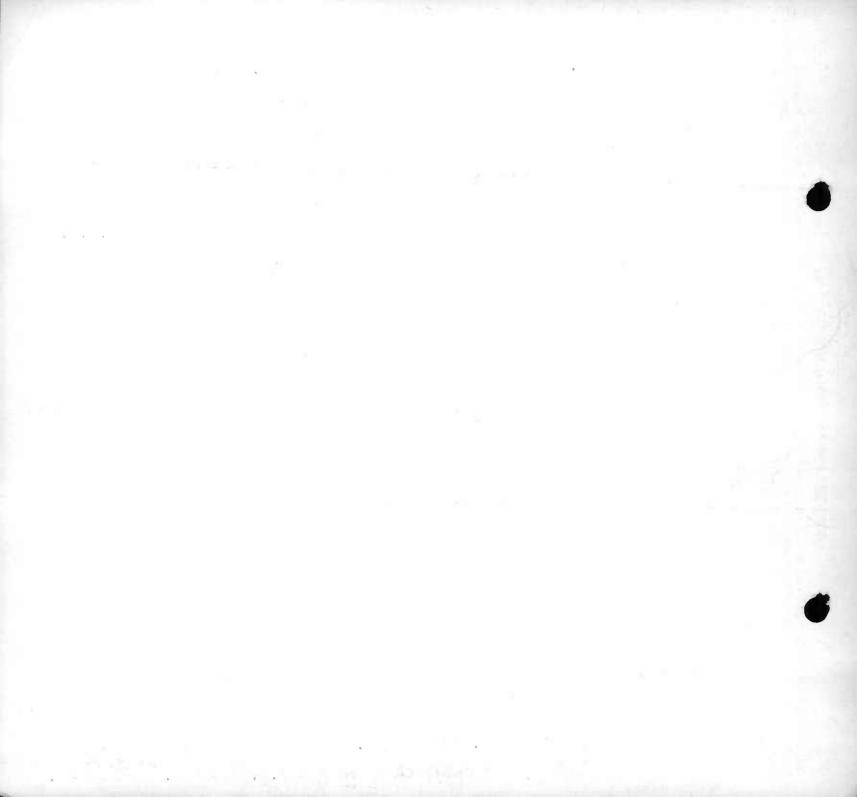
Kelson F.H. 1348 N. Calhour



IMPORTANT

DIRECTOR:

FUNERAL



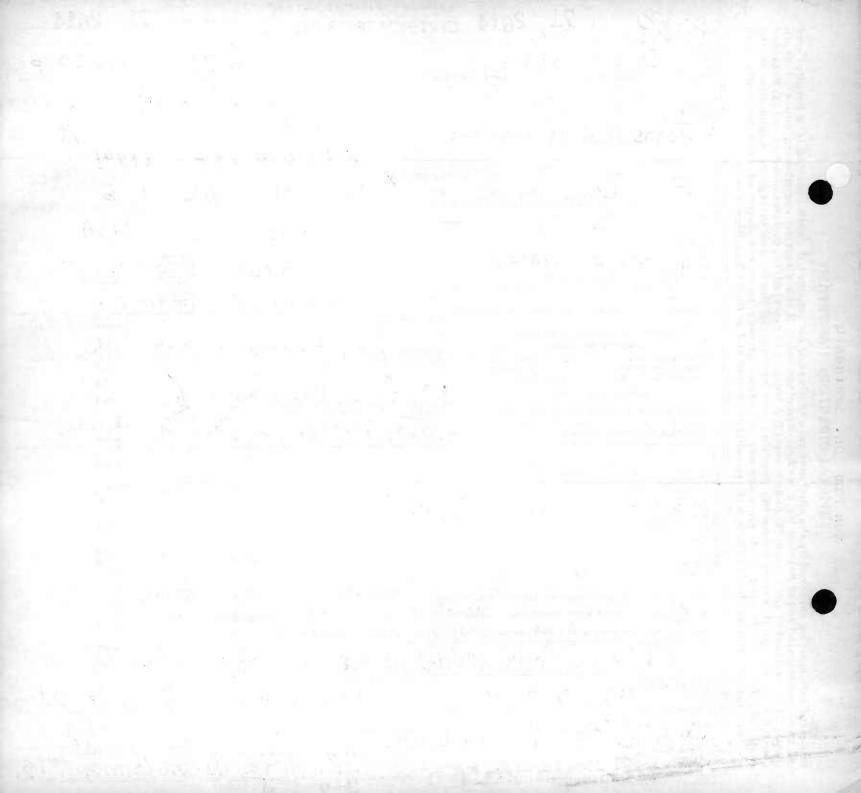
(1-623	71	201		Y HEALTH DEPARTMEN		71 2613
BIRTH NO.		- cp1	LO CERTIFICA	TE OF DEAT		
1. NAME OF DECE.		N, Geor	rge R	2. DAT	3 - 12-77	4 20/AM
3. PLACE IN BALTI	MORE MARTLAND, Y	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Marylar	nd Montgo	mery 6500
7				Gaithers		YES NO#
The Tob	ns Hopkins	a Uoani	+-1	E. STREET AND NUMB	ER	
	ms nopkins	s nospi		R.F.D. #	#2 Gaithers	burg 20760
Male	Cauc.	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8/30/86	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
OA, USUAL OCCUE	ATION (Give kind of world			11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY
one during most of we	orking life, even if retired)	Farmi		Missouri	totolgii coomiji	U.S.A.
3. FATHER'S NAM	E			14 MOTHER'S MAIDEN	NAME	
George	Carson			Podie	Eaton	
5. Was Deceased E	ver in U. S. Anned Fer If yes, give wor or dote	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
No	yes, give wor or done	s of services	SECURITY NO.	Hospital	Records	
18. 7 / 7	/ 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	EADING TO DEATH		(A)IMMEDIATE CAL	ISE DRODIADIO	2 DILBUMO	rual Mours
lithis does not heart failure, as	mean the mode of sthenia, etc. It means	dying, e.g., the disease.	DUE TO, OR AS	A CONSEQUENCE OF	MINIMA LO LEMMON	((0)
	ication which coused			Or brown	six at wal cures	
At	NTECEDENT CAUSES		(B) MU	in Curvo er	Δ	Bus
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	above cause (A)	staling the	(c)			
	11		(4),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING	120	venic bro	sems mude	
DISEASE OR COL	BUT NOT RELATED TO TO	T 1 (A).		MOTOR IN		
OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A DATE OF C	PERATION 198 CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSYT (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING [ING CAUSE OF nedicol exomines)	21 B, hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DI	D (If in Beltime	ore City, give exect lecotion)
	Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Whi	le At Not While	٠		
22. I consider al	on the table harman		ne deceosed from 3-		19 to 3	10 - 1
	est sow the decease					
				19and	that hh/my//(aur) op	inlon deoth accurred on the date
23A. SIGNATURE		red above. (1) (We) (did (did not) v	lew the body ofter dea	th.	
· (Van	2101 BO	1 100 10	Atte	nding Med.	7 Shiff [7]	238 DATE SIGNED
23C PHYSICIAA	arce las	n mil	DEGREE Phys	Director L	Staff Phys.	3-12-71
PHYSICIAN NAME (Typ.	Romaus	Blum	n 100010	23D. ADDRESS 49408	B wishes	vanu e
AA. BURNAL CREM	ATION, 248. DATE	24C.NA	ME of CEMETERY of CRE		110011	ity, town, ar county) (State)
March 12	1971	LF	FEUNE	21/14	N151-	0 0
		WE NAME !	GISTRAR	25C. FUNERAL DIREC	TOR A	ADDRESS
MAR 16 19	Ulable to En	Northern	1 0	Francis	H. Barber	Laytonsville Md.
S 150-REV. 1/1/68		1 1		126	9	

Farmer Finds Windshift U.S.A.

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STELL SELDINE

BALTIMORE CITY	Y HEALTH DEPARTMENT	0
BIRTH NOT MANAGED IN 2614 CERTIFICA	TE OF DEATH REG. NO. 1	2614
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
DEANE Staceu	03-10-7-1	112:20 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: A. STATE B. COUNTY	residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN, D. INSIDE CITY	5 200
33 Johns Hopkins Hospital	Amapolis YES	Мои
TOWNS HOPKINS MESTERS	RT2 Boy 287 7.1	401
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years / II Und	ler 1 Yr. , Il Under 24 Hrs.
Cau WIDOWED DIVORCED	102-04-41 1/12 321	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CI	TIZEN OF WHAT COUNTRY?
	Amapolis	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1011
LAWRENCE STACEY 15. Was Decoused Ever in U. S. Armed Farces? 116. SOCIAL	SHARON MOF7	FATT
(Yas, no ar unknown) lif yes, give war or doles af service) SECURITY NO.	- Divos	ADDRESS
18. CAUSE OF DEAT	MHWEENCE STAC	ky 119
DISEASE OR CONDITION DIRECTLY	n .	SETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Cardio resp arrest	1 hr
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	
injury or complication which caused death.)	0	71
	noxie Grain enjury	daa
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	tococcal pentantes	10da
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. AUTOPSY? (You or No.) 20B. IF YES, WERE FINDING	
WAS PERFORMED	20 A. AUTOPSYT (You of No.) 20 B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
	n ar obout 21 C. WHERE DID (If In Boltimore City, gl	ve exoct location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (natify medical examiner)	fice bidg, INJURY OCCUR?	
210-YIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) NO While At Not While At Work	•	
22. I certify that((1)(this hospital) attended the deceased from M		0 1971
thos(1)(we) lost sow the deceased office on March 10	19 7 and that ir (my) (our) opinion dec	
ond hour and from the couses stated above (1) (We (did) (did not) v		The dole
23A, SIGNATURE		TE SIGNED
Phys	nding Med. Staff M	arel 19,1971
Alan D Rogal	John Hopkins Hosp 7	Rolt md
ALL CARREST AND ALL CARREST AN	MATORY 240-LOCATION (City, town,	or countyl) (State)
Buein 5-13-11 HILLCRES	+ HWIND RObis	HH. MD.
MAR 16 1971; Pulled & Jacker MA	25C FUNERAL DIRECTOR	ADDRESS
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VS 150-REV. 1/1/68

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prior to death.

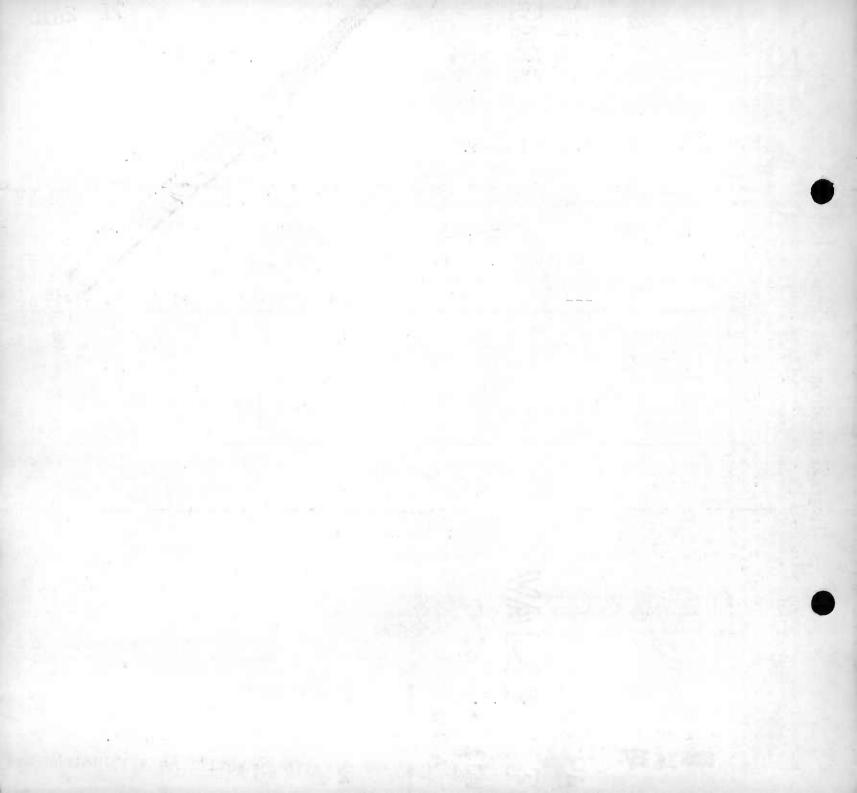
a hospital and

	,		BALTIMORE CITY	HEALTH DEPARTMENT		71 2015
W-30 BIRTH NO.	./_1	2615	CERTIFICA	TE OF DEATH	REG. NO	AT 5919
Type or Print)		Ruth Whi	te		. 13, 1971	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI	here deceased lived, if ins	stitution: residence before odmissi
FULL NAME OF	HE NOT IN MOSPIT	AL OR INSTITUTE	ON CIVE STREET	Marylan		12117
HOSPITAL OR	ADDRESS OR LOCA	ATION)	ON, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
1.6.4				Baltimo	re	YES X NO
44 0	nion Memori	al Hosp	•	E. STREET AND NUMBER		D4 7 033
					ans Chapel	
5. SEX	6. RACE	35	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
emale	White	WIDOWED A		Jun 4, 1912	50 yrs	
	CUPATION (Give kind of world f working life, even if retired)	108, KIND OF BL	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUN
Waitr		Restur	ant	Maryland		U.S.A
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	Willi	am D. G	antt	Nevill	e	
5. Was Deceoses	d Ever in U. S. Armed For	rces?	5. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	n) (If yes, give wor or dote	es of service)	SECURITY NO.	Caren Process	וודס מיייז	
No			CAUSE OF DEAT	Susan Brown-	HTDZ LIMIT	CO KO. 21215
rise ta th	OR CONDITIONS, if ne obave cause (A) G CONDITION last.		(B)(B) DUE TO, OR AS	A CONSEQUENCE OF:	2/-/	
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	Dals	etes me	llilus	
19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 B. PL home, etc.)	ACE OF INJURY (e.g., i farm, factory, street, of	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimore	e City, give exoct location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. IN While	At Not While	21F. HOW DID IN	NJURY OCCUR?	
(APPROX.)		Work	At Work			
22. 1 certify	y that (1) (this haspita	1) attended the	deceosed from	1768		els 1971
that (I) (we) lost saw the decease	ed alive on	tes	19 7/ and	that in(my) (our) opi	nian deoth occurred an the o
and haur on	nd fram the causes sta	ted abave (10)	We) (did) (did not) v	riew the body after death	1.	(
23A. SIGNATI		Slomo		ending Med.	Shaff Phys.	3/8/5/7/
23C. PHYSICIA				23 D. ADDRESS		
-190		n, M.D.	0,000	3600 Loche	arn Drive.	
24A. BURIAL CRE	EMATION, 248, DATE		E of CEMETERY of CRI			ly, town, or county) (State
Buria		T Sto	wartstown	Comptent	towantatow	n Pe
25A_DATE REC'E	DAN MEANTH APPLA		EGISTRAR	25C. FUNERAL DIRECTO	tewartstow	ADDRESS
THE RESERVE OF THE PARTY OF	THE RESERVE OF THE PARTY OF THE	A POST LAND AND A SECOND	The state of the s	PROGRAMME PIKECII	- n	

ADDRESS 3818 Roland Ave

Funeral Home

Dongvan



H-200 71 2616 BALTIMORE CIT	Y HEALTH DEPARTMENT	2016
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.	71 2616
1. NAME OF DECEASED		
	2. DATE AND HOUR OF DEATH	
Hype or Printiffmacey Lee Hicks, JR.	3/13/71	1 11 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institutio	ni meidana halam adainia l
	A. STATE B. COUNTY	in residence belore domission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARINE VA.	1/-1/2
HOSPITAL OR ADDRESS OR LOCATION	a circle de la cir	7 7 0
	D. HASIDE CI	
USPHS HOSPITAL	Chicoteage YES	□ ио 🔀
2X Bn. T. 1.000	E. STREET AND NUMBER	
LA BALTIMORE, MD.	RT 1. Box 314	23336
5. SEX 6. RACE 7. 44 A DOLLAR		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WILDOWSED DIVERSES DI	8. DATE OF BIRTH 9. AGE (In years II U lost birthdoy) Mont	nder 1 Yr. II Under 24 Hrs. ths: Doys Hours Min.
THE THEORY OF THE PROPERTY OF	1/0////30 1 40	ms Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF INDUSTRY	(11 BIRTURI ACCION /	
done during most of working life, even if retired)	12. (CITIZEN OF WHAT COUNTRY
COAST GUARD EN 1	I Nic	USA
13. FATHER'S NAME		-134
A DESCRIPTION OF DESC	14. MOTHER'S MAIDEN NAME	
AMACEY L. HICKS SR.	SARA DINNER	
AMACEY C. HICKS SR.	KIMITE	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or doles of service)	17. INFORMANT	ADDRESS
(Yos, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 245-40-3022	0:100	
YES CG 1954-70 245-40-3022	CHART	
18. CAUSE OF DEAT		APPROXIMATE INTERVAL
44.4	VE HEMORRHAGE THROUGH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	CO-TECHNOL CO	1
(A) IMMEDIATE CAL	CO-JEJUNAL FISTULA	12HRS
	A CONSEQUENCE OF:	
heort failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
		_
ANTECEDENT CAUSES HODG	-CINC DISEASE	MONTHS
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	-CINS DISPASE A CONSEQUENCE OF:	
rise to the above cause (A) stoting the	A CONSEQUENCE OF:	
I IINDEDIVING CONDITION I		1
ONDEXCHAG CONDITION last, (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
O O INER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDESLYING TO 1218 PLACE OF INVENTOR 1		
WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING	GS CONSIDERED
	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDING IN CERTIFYING CAUSES O	PULATHIXES
	n or about 21 C WHERE DID	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? (If in Boltimore City, 1)	give exocl location)
DEATH (notify medical examined ela)		
21D. TIME (Month) (Doy) (Yeon (Houn) 21E INJURY OCCURRED		
OF INTERV	21F. HOW DID INJURY OCCUR?	
[IAPPROX.]	• 🗆	
THE PART OF THE PA		
22. I certify that (Tr(this hospital) attended the deceased from	MAR 7 1971 to MAR	13 1071
that (1) (we) last saw the deceased alive on NAR 13	The state of the s	······································
, ,	19_7 (and that in (my) (our) opinion de	eath accurred on the date
and haur and from the causes stated above (1) (We) (did) (did not)	law the hady often death	
23A. SIGNATURE		
		ATE SIGNED
9 6 10 0	nding Med. Shoff 2	114/21
23C/PHYSICIAN'S		1/7///
NAME-(lype)	23D. ADDRESS	
GARY E. FELDMAN, M.D.	USPHS HOSP BACK	T
2 0 1111	THE STATE	10.
REMOVAL (Specily) 24R. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	or countyl (Stole)
Burial 3-17-71 Daisey Cemetery	(hincoteague, Virg	iria
		\
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
MAR 1 C 1977 Pale & Labou M. D.		(1)/ /
	Moderal & Sonance, sever	ne J-R oud
S 150-REV. 1/1/68		



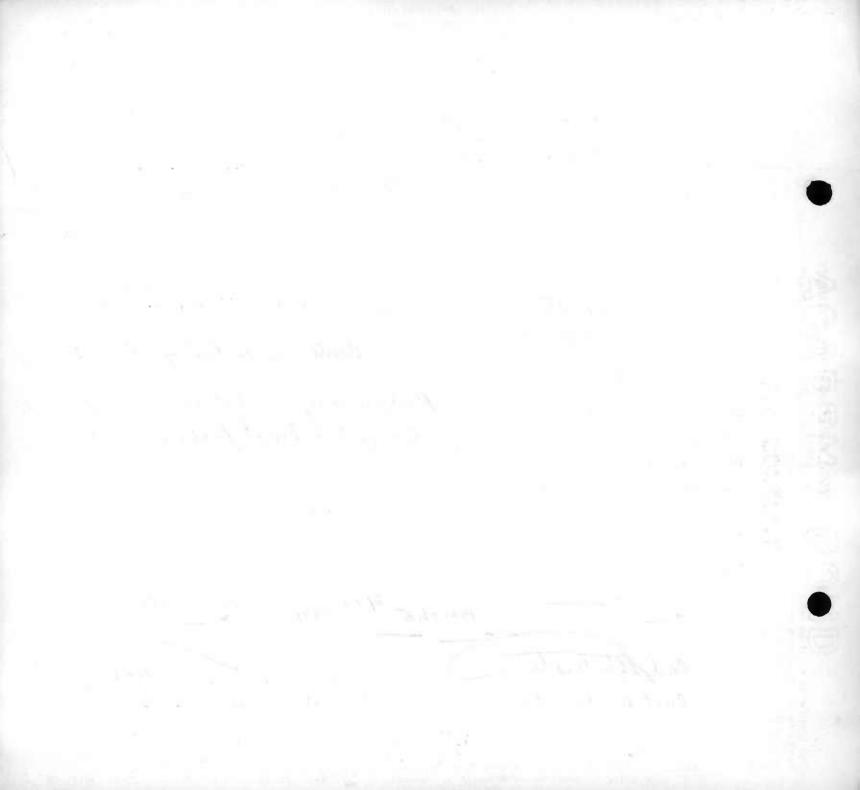
1-210 00	BALTIMORE CITY	HEALTH DEPARTMENT	300	71 2617
L-160 71 2617	CERTIFICA	TE OF DEATH	REG, NO	
I.NAME OF DECEASED (Type or Paint) Sara Lauver			och 12, 197	71 110.10 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	14. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admission
FULL NAME OF (IF NDT IN HOSMTAL OR INST HOSMTAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	MARYLAND	BAL	TIMORE CITY 60
NSTITUTION		BALT IMORE	D. IN	ISIDE CITY LIMITS?
3 3THE JOHNS HOPKINS H	HOSPITAL	E. STREET AND NUMBER		YES NO
		209 N. DUI	NCAN STRE	ET
	NEVER MARRIED	6-28-02	% AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hr Months Doys Hours Min.
FEMALE WHILE WIDOWE			68	10 6000
lone during most of working life, even if refired)	DE BUSINESS OK INDUSIKI		_	12 CITIZEN OF WHAT COUNTS
House wife		Alloona, a	la.	U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
James Mo	102	10	. 0	
S. Was Deceased Ever in U. S. Armed Forces? les, no or unknown! (If yes, give war or dates of service)	16 SOCIAL	17. INFORMANT	c mo	ADDRESS
es, no or unknown! Ill yes, give war or dates of service!	SECURITY NO.	44041	1 209 N	· Juncan St
no		Jester Somebra	LED CA	atto Max.
18. 4 31,017 33	CAUSE OF DEAT	**		BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	02	rdiac arrest		10 minutes
LEADING TO DEATH	(A) IMMEDIATE CA	USE		
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:		
Injury at complication which caused death.)		traventricular	1	3 days
ANTECEDENT CAUSES			nemorrange	
DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating th	Hy	pertension		The second second
UNDERLYING CONDITION lost.	(c)		****************	
. II	T):	abetes mellitus		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		abe les mellitus		Jana Breeze Grow
C DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19E CONDITION FOR	WHICH OPERATION	20A AUTOPSYT (Tee of N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED	D. D. A. C. D. D. LALLAND	NO	00.0.0.14	
. OR CONTRIBUTING TO CAUSE OF	ome, farm, factory, street, c	in at about 21 C. WHERE DID	(II In Boltim	nore City, give exoct location)
C DEATH (notily medical examined)	e)			
210-TIME (Month) (Doy) (Year) (Houd 2)	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	/hile At Not Whi	1.		
I v	/ork LJ At Work	3/0/	77	13.71
22. I certify that (1) (this hospital) attended	2/12/	77	19 11 to 3	19 (1
that (i) (we) last sow the deceased alive on	3/12/	19and ti	hat in (my) (aur) o	pinion death accurred on the de
and have and from the causes stated above.	(1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				23B, DATE SIGNED
-2/. 0 - R CO		ending Med.	Staff Phys.	2/-/-
30 PHYSICIANS	DEGREE Phy	23D. ADDRESS	Phys.	1 2/12/11
23C.PHYSICIAN'S NAME (Type)			ma II	7 7 7 1 1
Herbert B. Allen,	M.D. DEGREE	Johns Hopki	ns Hospita	l Baltimore, Md.
44. SURIAL CREMATION, 248. PATE 24C.	NAME OF CEMETERY OF CH		LOCATION	(City, town, or county) (State)
D. 3/15/71	antia	- 189	antis Ta	unshif. Blair lo. Ca.
SA. DATE RECO BY REALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL PORECE	tackle or	ADDRESS
			600	(M. D.1/1)
MAR 1 c 2971 0 c c 6 2 0	- A A -	Cost	wysee	Ellen 10044 va,
			3	

8.3N San State of Carlotte Mark intelle laining

7-622 71 2618 BALTIMORE CITY HE MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 71 2618	R
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print) KAZMERA TARKOWSKI	2. DATE Known Manth Day Year Hour OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 9 1971 6:40 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admiss	P _{M.}
0 0 822 S. Decker St.	A. STATE Md. B. COUNTY	,
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
female white WIDOWED M DIVORCED	Balto. YES NO	
9. DATE OF BIRTH 3-4-98 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days Hours Min.		
Poland 11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME Unknown	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR		
Housewife -	Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown) (If yes, give war ar dotes of service) 17. SOCIAL SECURITY NO.	William J. Derengewski ADDRESS 822 S. Decker Ave. Baltimere Md	
19. 4 1 0 0. CAUSE OF DEA		ITERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. it meons the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	CAUSE R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		r Na)
	no	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	DI WHILE TO	
	WORK	
I certify that I held an Inquiry Inspection X Across Accident Suici	CHIEF MEDICAL EXAMINER DATE SIGN ASSISTANT MEDICAL EXAMINER DATE SIGN ASSOCIATE MEDICAL EXAMINER	NED
NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 3-13-71 Socred Hear	Y or CREMATORY 24D. LOCATION (City, town, or county) (Sta	te)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR Matthews	n 1
VS 151-REV. 1/1/68	3021 tastern Ave., Buitimer	(Vid

Interestation . Language . Took we want to be a self to be a

1-62	7		TY HEALTH DEPARTMENT		
BIRTH NO.	5 71 2	619 CERTIFIC	ATE OF DEATH	REG. NO	71 - 2619
1. NAME OF DE (Type or Print)	CEASED 1	1 1		NO HOUR OF DEATH	
2 84 4 2 2 111 2 2	Pele CV	11/5T	ma	reh 5,	197/1 11:30 P.M.
3. PLACE IN BA	LTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ore deceased lived. II	nstitution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland		2/17
INSTITUTION		ON)	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?
21	Baltimore Ci		Baltimore	75, 114,	YES X NO
31	4940 Eastern		E. STREET AND NUMBER		
	Baltimore, Ma	aryland 21224	4809 Eastern A	ve B 1to	Md. 21224
5. SEX	6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	
Male		IDOWED DIVORCED		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manihs Days Hours Min.
IOA. USUAL OCC	UPATION (Give kind of work 108	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of Jose	ion country!	12. CITIZEN OF WHAT COUNTRY?
done during most o	f working life, even if refired)	Steel		ngii Coomiyi	
13. FATHER'S NA	rer .	svee!	Cypress		V.S.A.
I PAINER 3 NA	WALE		14. MOTHER'S MAIDEN NA	ME	
Unk	nown		Unknown	The state of	
15. Was Decease	d Ever in U. S. Armed Faicas? n) (If yes, give war or dates al	16. SOCIAL		4940 Easter	AccompADDRESS
1 .	in ut yes, give war or dates at		the second secon		
18,111	I WWIL	159-12-99	30	Baltimore,	Md. 21224
7-1	217	CAUSE OF DEA	ин		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECT		a to	A 0	1 4 11
(This does		MA CA (A) IMMEDIATE C	S A CONSEQUENCE OF:	scalary in	furetin 16 days
heart foilure,	not meen the mode of dyi asthenio, etc. It meens the	0124024	S A CONSEQUENCE OF:		/
	mplication which caused dea	-10 /	7	10	
	ANTECEDENT CAUSES	(B) Pul	monary er	bolus	24 hrs.
DISEASES	OR CONDITIONS, if any, e above cause (A) slo	giving DUE TO, OR	S A CONSEQUENCE OF:	1 / 1	0
UNDERLYIN	G CONDITION lost,	ling the	nestive hear	t lailer	e 2hus.
	11	(0)	1	- January	
OTHERSIGN	FICANT CONDITIONS CONTRI	BUTING			
I TO THE DEA	FICANT CONDITIONS CONTRI TH BUT NOT RELATED TO THE TE CONDITION GIVEN IN PART 1	RMINAL			
OTHER SIGNII TO THE DEA DISEASE OR CO 19A. DATE OF	OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
EN S		VED	YES	IN CERTIFYING CA	USES OF DEATH? YES
OR CONTRAIN	NT WAS UNDERLYINO DUTINO CAUSE OF	21 B. PLACE OF INJURY (e.g.	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
DEATH (notify	medical axamined	otc.)	emea piode IMPORT OCCUR.		
21D.TIME	(Month) (Day) (Your (H	out 21E INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCITOR	
21D. TIME OF INJURY (APPROX.)				ONI OCCURI	
	that (+) (this hospital) at			19 7/ ta	3/5 197/
that (4) (we)	last saw the deceased al	ive on march 5	19 197/ and the	lao (sup) (em) ni to	nian death accurred an the dote
and haur an	from the couses stated t	bove (4) (We) (dld) (did not)	View the bady after death	The second second	2010
23A. SIGNATU	RE 6	1	ine age, ellet deglis		23B, DATE SIGNED
Ce. 6	Militarilo	A	ending Med. Director	Stoff	2 - 51
23C. PHYSICIA	N'S	DEGREE Ph		Staff Phys.	(mar 3/191)
23C. PHYSICIA NAME (T				nore City Ho	
Car	Winterst	e15 DEGRE	4940 Eastern Av	re., Balto.	Md. 21224
24A. BURIAL CRE REMOVAL (MATION, 24B, DATE Specify)	24C. NAME of CEMETERY OF C			ly, town, or county! (State!
Buria	1 2 11 71	Great Orth.	Lay Can R.	14	Mal
25A. DATE REC'D		NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	Itimore	ADDRESS
MAD 4		-	O Nicholas Tr	Matth	ews
C 1870 1		SG. Mar.	BCON E	stern Av	e Baltimore M

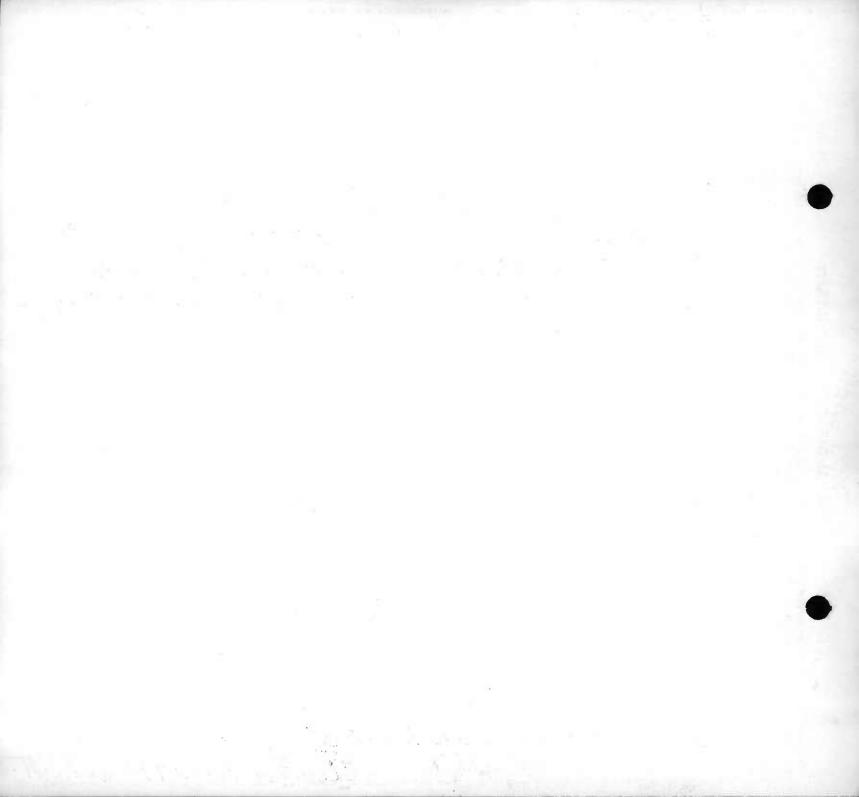


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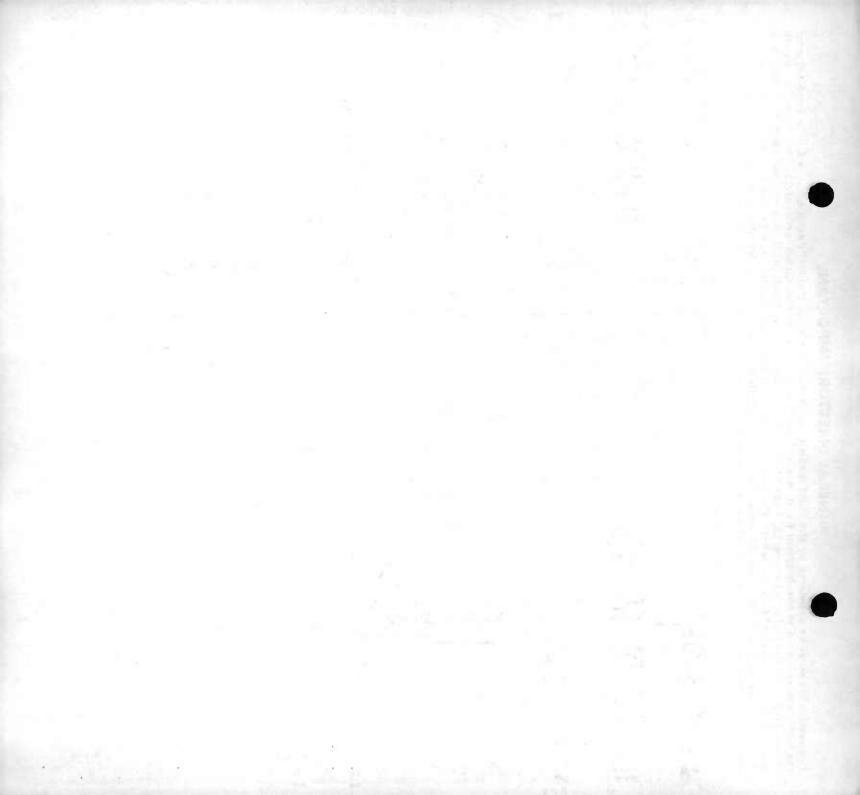
5/12/71 - Letter from M.E.O.

Bo.

IMPORTAN DIRECTOR: FUNERAL 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS YES NO T If Under 1 Yi. If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Baltimore City, give exact lacation) and that in (my) (our) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) (Stotel



CERTIFICATE OF DEATH REG. NO. NAME OF DECRASED JOHN ALMOORE, MARTAND, WHEE PRONOUNCED DEAD NAME OF DECRASED JOHN ALMOORE, MARTAND, WHEE PRONOUNCED DEAD ADDRESS OR LOCATION REG. NO. OWNER AND FOUR ALMOORE, MARTAND, WHEE PRONOUNCED DEAD ADDRESS OR COCATION OWNER AND FOUR ADDRESS OR LOCATION OWNER AND RUMBER ADDRESS OR CONDITION OF TUSINESS OR ROUSITY II. SIEMPLACE ISSUE OF LOCATION OWNER AND FOUR ADDRESS OR LOCATION OWNER AND FOUR ADDRESS OR LOCATION OWNER AND FOUR ADDRESS OR ROUSITY II. SIEMPLACE ISSUE OF LOCATION OWNER AND FOUR ADDRESS OR LOCATION	7 1/2 12 12 12	BALTIMORE CITY	HEALTH DEPARTMENT		71 2622
TRACE IN NATIONORE, MARTIAND, WHERE PRONOUNCED DEAD WILL NAMED OF PROTECTION OF STREET ADDRESS OR LOCATION OSPITAL OR OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OR OSPITAL OSPITAL	MAIII IVO.	CERTIFICA	TE OF DEATH	REG. NO	
ULL NAME OF ADDRESS OR NOCATION OF INSTITUTION, GVE STREET ADDRESS OR NOCATION OF ADDRESS OR ADDRESS OR N		ENE B.	2. DATE AN	15 / 71	6300
DISTRATE OF ADDRESS OR LOCATION INTOLOGY ADDRESS OR LOCATION OF STREET (COTY OR TOWN) ADDRESS OR LOCATION MARKED NEVER MARRIED NO TO STREET (COTY OR TOWN) (AUTHORN MARKED NEVER MARRIED NO TO STREET (COTY OR TOWN) (AUTHORN MARKED NEVER MARRIED NEVER	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
SIX MALE COLORITION DIRECTLY LEADING TO DEATH (This does no meen the mode of dying, e.g., boot lightey, astheride, etc. It means the diseases, limity or completion with the DEATH CONDITION SCONTIBUTING TO THE DEATH BUT NOT REALED TO THE REMINAL SIGNIFICANT CONTIBUTING TO THE PART	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	STITUTION, GIVE STREET	Boltimore	Maryla	rd 27/3
SIRE TAND NUMBER Color Co		Handit	Baltemen		
SER	44 Union Memo	rial Apopular		0	
SER CALC MARRIED NEVER MARRIED R. DATE OF BIRTH S. DATE OF BIRTH MONTHS Days House Michael Months Days House Michael Mark WIDOWED DIVORCED H.— 277—6 See Hithdory Months Days House Michael Mark WIDOWED DIVORCED H.— 277—6 See Hithdory Months Days House Michael Mark WIDOWED DIVORCED H.— 277—6 See Hithdory Months Days House Michael Mark WIDOWED DIVORCED H.— 277—6 See Hithdory Months Days House Months Days Hithdory Months Days House Months Days Hithdory Months Days Months Days Hithdory Months Days Hithdory Months Days Hithd			6006 Rot	and AUR	nece
MUSUAL DEVARDON (WE DID WINDOWED) DIVORCED M. AUGUSTATON ((WE DID WINDOWED) M. BITTON M. BITTON	SEX 6. RACE 7. MARR	IED WINEVER MARRIED	B. DATE OF BIRTH	AGE Un years	If Under 1 Yr II Under 24 Hrs.
ENCINEY SHAME FAPTHER'S NAME FAPTHER'S NAME FAPTHER'S NAME FOR Decessed Size in U. S. Annot Folces? FAPTHER'S NAME FOR Decessed Size in U. S. Annot Folces? FAPTHER'S NAME FOR Decessed Size in U. S. Annot Folces? FAPTHER'S NAME FOR DECESSOR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IT IN CORD SOR DEATH DISEASE OR CONDITIONS, if only, giving fine to the obove couse (A) stoling like UNDERLYING CONDITION I St. OTHER SIGNIFICANT CONDITION I ST. OTH	Male Whate WIDOW	VED DIVORCED	11-27-6	ost bithdoy 64	Months Doys Hours Min.
Engineer Md. Steel Prod. Voyanta USA Fairlier's NAME H Chary Sclear West Decessed Ever in U. S. Armod Forces? It Security No. 292-10-1335 MTS. Burgene Slear Bame CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE DISEASES OR CONDITIONS, if only, giving fise to the above couse (A) stalling the UNDERLYING CONDITION lost (C) DUETO, OR AS A CONSEQUENCE OF: DUETO, OR AS A CONSEQUENCE OF: DUETO, OR AS A CONSEQUENCE OF: MYS. Burgene Slear APPROXIMATE INTERVAL SETIMEN ONSET AND DEATH (A)IMMEDIATE CAUSE DISEASES OR CONDITIONS, if only, giving fise to the above couse (A) stalling the (C) DUETO, OR AS A CONSEQUENCE OF: DUETO, OR AS A CONSEQUENCE OF: MYS. Burgene Slear APPROXIMATE INTERVAL SETIMEN ONSET AND DEATH (C) DUETO, OR AS A CONSEQUENCE OF: MYS. BURGENES ON SIDERAL OF INC. DUETO, OR AS A CONSEQUENCE OF: MYS. BURGENES OF INTERVAL SETIMEN ON SET AND DEATH (C) DUETO, OR AS A CONSEQUENCE OF: MYS. BURGENES ON SIDERAL OF INC. DUETO, OR AS A CONSEQUENCE OF: MYS. BURGENES ON SIDERAL OF INC. MYS. BURGENES ON SIDER		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Greig	an country)	12. CITIZEN OF WHAT COUNTRY
LANDHER'S NAME Was Deceased two in U. S. Anned Forces? Eyen or unknown the yes, give were of down of serviced serviced revene or unknown the yes, give were of down of serviced serviced revene or unknown the yes, give were of down of serviced serviced revene or unknown the yes, give were of down of serviced revene or unknown the yes, give were of down of serviced revene or unknown the mode of dying, age, then foilive, estheria, etc. it means the disease, injury or complication which coused death. Injury or complication device in the terminal to the terminal terminal terminal terminal terminal ter		Steel Prod.	V V Cgimia	D C	USA
Even Deceased Even in U. S. Anned Foices? serviced Standard SCUBIT NO. 10	3. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE .	
SECURITY NO. 118. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., been foilure, asthenia, etc. It means the disease, injury or complication which caused doeful.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stolling the UNDERLYING CONDITION lost. (C) DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH MOTERATED TO THE TERMINAL INSTRUMENT OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. THE WORK 198. THE W	0 30000		Birdie &	Baxter	
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23C. PHYSICIAN'S NAME (Typel 155 AM & CHEIKH DEGREE Phys. Med. Stoff Med. Director Phys.		. (1) (We) (did) (did nat) v	lew the body after death.		
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DEGREE	NAAAE (Tunal	DEGREE	3D. ADDRESS		Horh.
A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	IA. BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	DEGREE C. NAME of CEMETERY of CRE		7	town, or county! (State)
Burial 3-19-71 New Cathedral Cem. Baltimore, Maryland	Burial 3-19-71	New Cathedral		ltimore, M	aryland
A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		A	25C. FUNERAL DIRECTOR	Song Co li	905 Vork Rd
MAR 16 1971 22.5E Jack. KAO O of W. Jenkins Sons Co. 4905 101k nd. 2121	MAR 1 6 19/1 12 1904 E. You	Ben 164 1	TO Y SILKINS	Baltim	óre Md. 2121



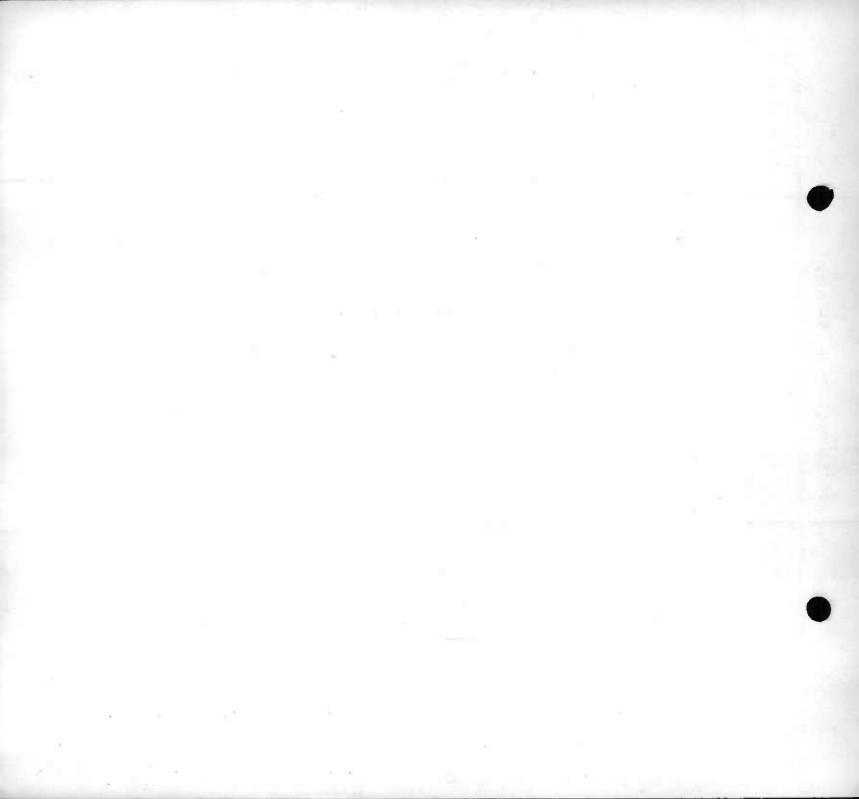
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

C-ELA "	71 26	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	_ ~(CERTIFICA	TE OF DEATH	REG. NO	71 2023
I. NAME OF DECEASED				ND HOUR OF DEATH	12 100/00
(Type or Print) Flossie	Blanch	e Smyrk		3-13-71	1 3 D
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ero doceosod lived, Il in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HE ADDRESS OR	OSPITAL OR IN	ISTITUTION, GIVE STREET	Md.	la ma	1201
			Baltimore	D. INSI	DE CITY LIMITS?
00 104 W. T	Jnivers	ity Pkwy.	E. STREET AND NUMBER 104 W. Univ	ongity Dl	
5. SEX 6. RACE	7. MADD	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	/
FW	WIDOY	_	7-29-01	last birthdoy) 69	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind o	work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or low	non country	12. CITIZEN OF WHAT COUNTR
Homemaker	red)	n Home	Laurel, De		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
William J. Chri	stophe	er	Rhoda Margar	et Collins	
5. Was Deceased Ever in U. S. Arme (es, no or unknown) (If yes, give war or	d Foresa	It / coolet	17. INFORMANT		ADDRESS
no	SAISS OF SOLAH	SECURITY NO.	R Mn C	Ellwood Sm	
18. 4 - 2 7 91		CAUSE OF DEATH		ETTMOOR DIII	J APPROXIMATE INTERVAL
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(This does not meon the made heart failure, asthenia, etc. It m	of dying, e		CONSEQUENCE OF:	devere	
injury at camplication which can	used death.)	130,			
ANTECEDENT CAL	JSES	- Sen	endened ac	le solo	10.
DISEASES OR CONDITIONS,	if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
tise to the above cause UNDERLYING CONDITION last	(A) slaling	(c)			
II.		\\/	***************************************		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTIN	IG			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	PART 1 (A).	****************			
19A-DATE OF OPERATION 19B.	PERFORMED	OR WHICH OPERATION	20A- AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING TICALICE OF	10	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II to Baltimore	City, give exact location)
DEATH (notify medical examines) 21D-TIME (Month) (Doy) (Y		home, farm, factory, street, off etc.)	THE DIOG INJURY OCCUR?	4	
21D. TIME (Month) (Doy) (Y	eor) (Havr)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not While			
22. I certify that (I) (this hosp		Work At Work		/-3	1 = 1
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that (1) (makeless	waste to the second	3///	17 /		1 ' - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
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and have and from the causes	ased alive a		and the body after death.	at in (my) (our) opin	lan death occurred an the date
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and have and from the causes	stated above	(I) (Wa) (dld) (Lanot) vI	ew the body after death.		
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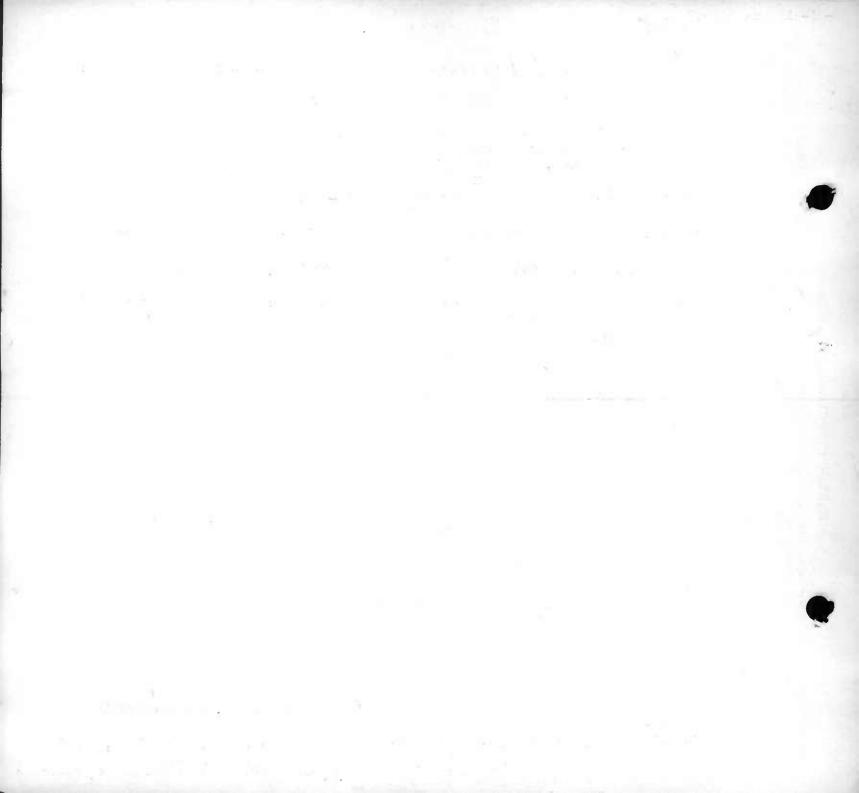


d to the hospital by a medical examiner. Also, if the direct or contributing cause of death to fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pronounced death was in regular attendance on the 1th); and (6) No physician was in regular attendance on the deceased prior to death. Such it be obtained before the remains are embalmed or final disposition is made.	
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BIKIH NO.	2624		HEALTH DEPARTMENT	REG. NO	11 2624
1. NAME OF DECEASED (Type or Print)	T 1-	2	2. DATE	ND HOUR OF DEATH	
Ella C 3. PLACE IN BALTIMORE, MARYLAND, WE	. Jenk	ins		3-13-71	1 2:00 A.
WARILAND, WE	HERE PRONOU	INCED DEAD	A. STATE B. COU	ete deceosed lived. If i	nstitution: residence before admission
FULL NAME OF UF NOT IN HOSPITAL OR ADDRESS OR LOCATION	L OR INSTITU	TION, GIVE STREET	Md.		7712
INSTITUTION ADDRESS OF LOCA	IION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
90 Long Green No	າກຕຳກຕ	Homo	Baltimore		YES X NO
Tough green we	ar. 2 Till	nome	E. STREET AND NUMBER		
5. SEX 6. RACE 17				ng Lake Wa	ıy
FW	WIDOWED	NEVER MARRIED DIVORCED	6-12-1885	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Manths Doys Haus Min.
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNT
Ret. Principal	Balto	Schools City	Dollaimara M	a meril a se d	TTGA
13. FATHER'S NAME		0010	Baltimore, M. 14. MOTHER'S MAIDEN N.	aryland	USA
Tananla					
Joseph Jenkin	113	14 606141		ste Harris	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give war ar dates	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
no		220-44-5269	T/W. Harris	Davis	Same
18. 4 3 7. 41		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, if an ise to the above cause (A) a UNDERLYING CONDITION last.	slating the	(c)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTO	I (A).	HICH OPERATION	20A-AUTOPSY? (Yes or N	o) 20B IF YES WERE	FINDINGS CONSIDERED
WAS PERFO	RMED		20A. AUTOPSY? (Yes or N		
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	hame,	farm, factory, street, aff	ice bldg. INJURY OCCUR?	(II In Boltimor	e City, give exoct location)
OF INJURY (Month! (Doy) (Year!	While	NJURY OCCURRED AI NoI While	21F. HOW DID IN	IURY OCCUR?	•
(APPROX)					
IAPPROX.)	Wark				
22. I certify that (I) (this hospital)	attended the	deceased fram		19 <u>70</u> ta	197 (
22. I certify that (I) (this hospital) of that (I) (see) last saw the deceased	attended the	déceased from			
22. I certify that (I) (this hospital) of that (I) (see) last saw the deceased and haur and from the causes stated	attended the	déceased from			
22. I certify that (I) (this hospital)	attended the	déceased from			
22. I certify that (I) (this hospital) of that (I) (see) last saw the deceased and haur and from the causes stated	attended the	(We) (did) (did nat) vi	ew the bady after death.	nat in (my) (our) api	nion death accurred on the da
22. I certify that (I) (this hospital) of that (I) (see) last saw the deceased and haur and from the causes stated 23A. SIGNATURE	attended the	(We) (did) (did nat) vi	ew the bady after death.		nion death accurred on the dat
22. I certify that (I) (this hospital) of that (I) (see) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE	attended the alive and abave. (1)	(We) (did) (did nat) vi	ding Med. Director BD. ADDRESS	Stoff Phys.	23B, DATE SIGNED
22. I certify that (i) (this hospital) of that (i) (sm)-last saw the deceased and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Walter	attended the alive an	(We) (did) (did nat) vi	ding Med. Director DBD. ADDRESS 18 E. Eager	Stoff Sto, Balto	23R. DATE SIGNED
22. I certify that (I) (this hospital) of that (I) (see) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Walter 4A. BURIAL CREMATION, REMOVAL (Specily)	d abave. (i) Buck 24C.NAA	(We) (did) (did nat) vi	ding Med. Director 3D. ADDRESS 18 E. Eager MATORY 24D. 1	Stoff Sto, Balto	23B. DATE SIGNED 23B. DATE SIGNED 3 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 /
22. I certify that (I) (this hospital) of that (I) (sm)-last saw the deceased and haur and fram the causes stated 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Dr. Walter 4A. BURIAL CREMATION, REMOVAL (Specily) Burial 3-16-7	Buck 24C.NAA	(We) (did) (did nat) vi	Med. Director D 3D. ADDRESS 18 E. Eager MATORY 1etery Ba	Stoff St., Balto OCATION (Cit	23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED (Stotel Md.)
22. I certify that (I) (this hospital) of that (I) (sm)-last saw the deceased and haur and fram the causes stated 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Dr. Walter 4A. BURIAL CREMATION, REMOVAL (Specily) Burial 3-16-7	Buck 24C.NAM Mt. Mt.	(We) (did) (did nat) vi DEGREE Phys. Attention DEGREE ATTENTION DEGREE Olivet Cem REGISTRAR	ding Med. Director 3D. ADDRESS 18 E. Eager MATORY 24D. 1	Stoff St., Balto OCATION (Cit	23B. DATE SIGNED 23B. Md . y, town, or county) (Stotel

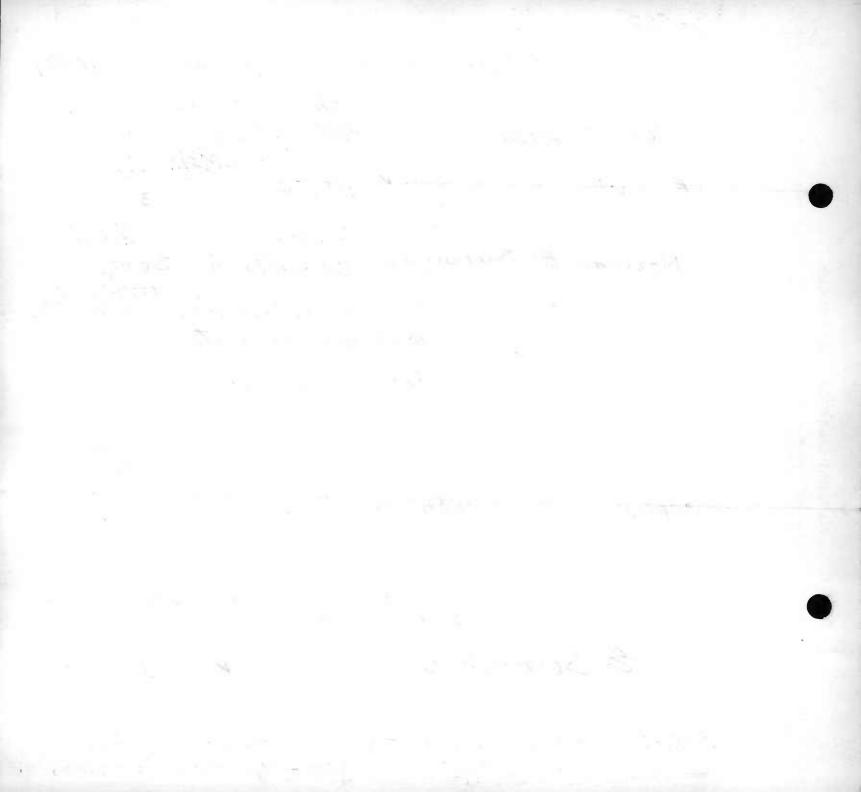


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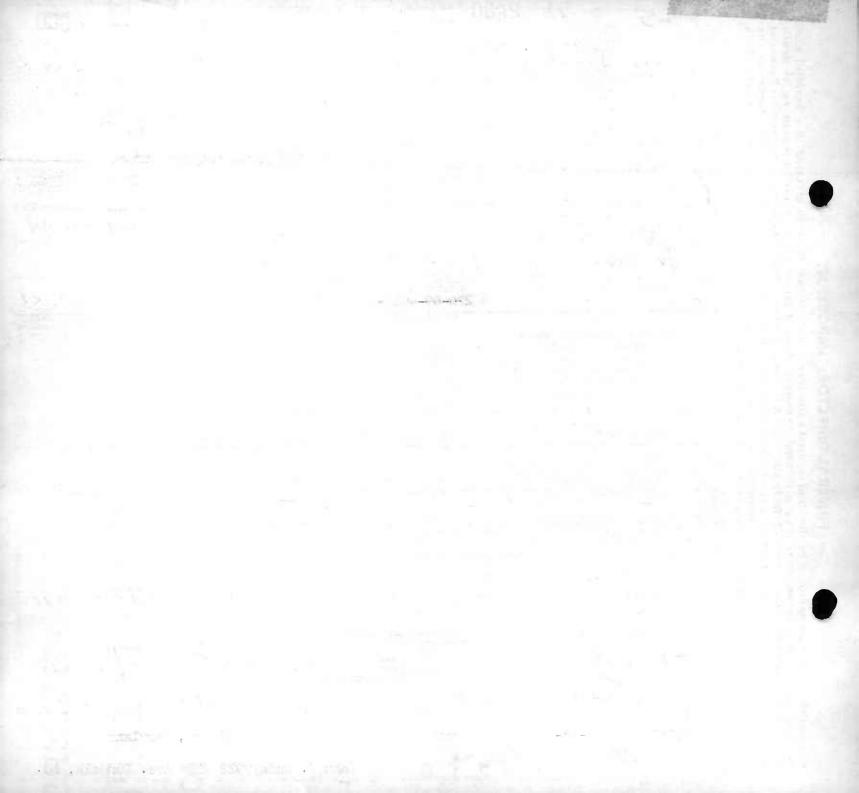
0	/ 1000		BALTIMORE CITY	HEALTH DEPARTMENT	V	71 2628
0 53	4 71	262	9 CERTIFICA	TE OF DEATH	REG. NO	0,2,0
BIRTH NO.		4				
Type or Print)		Obstance 27 o		2. DATE A	ND HOUR OF DEATH	
	Balley	Shindle			3-13-71	2:15 a./
3. PLACE IN BA	LTIMORE, MARTLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. COU	ere deceased lived, If i	nstitution: residence before admission
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET		Baltimore	530
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
2/	Baltimore		44	Dundalk		YES NO X
21	4940 East	ern Aver	iue	E. STREET AND NUMBER		
	Baltimore	. Md. 21	224	7302 School A	ve., Balto.	Md. 21222
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hr Months: Doys Hours Min.
Male	White	WIDOWED	1000	7-17-84	lost birthday) 86	Months Doys Hours Min.
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign countryl	12. CITIZEN OF WHAT COUNT
	of working life, even if retired) red Welder		. Steel Co.	Pennsylvania	k	U.S.A.
3. FATHER'S NA	AME	_		14. MOTHER'S MAIDEN NA	ME	
	Elmer	Shindle		Elizabeth M	eyers	
5. Was Decease	d Ever in U. S. Anned Fo	rces	1 & SOCIAL	17. INFORMANT	4940 Easte	rn Avenue
Yes, no or unknow No	ml (If yes, give war or da	ies of service)	216-10-5119	BCH Records:		
18.44.6	1		CAUSE OF DEAT		Baltimore,	1 APPROXIMATE INTERVAL
tise to t	OR CONDITIONS, if the above cause (A) IG CONDITION fast.	stating the	(c)	A CONSEQUENCE OF: Hyppoxia A CONSEQUENCE OF: Corper	Monk	een)
TO THE DE	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL				
19A. DATE O	F OPERATION 119E CO	NOTION FOR	WHICH OPERATION	YES	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
. OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	211 hor etc	ne, farm, factory, street, o	n er about 21C. WHERE DID	(ii in Boltime	ore City, give exact location)
21D. TIME	(Month) (Doy) (Year	(Houd 21	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		w	nile At While At Work	ه الما		
TATT KOM		W	ork At Work			1 310 Mg
22. I certif	ly that (1) (this hospite	al) attended	the deceased from	. 73 3 3	19to_3/	13/7/01/19
that (I) (we	e) last saw the deceas	sed alive an	3/13/21	2 19 20 and 1	that In (my) (our) ap	inlon death occurred an the d
and hour a	nd from the courses st	ated shove.	I) (We) (did) (did not) y	view the body after death		
23A. SIGNAT		0100 000 100 1	if the fala fala helf t	Ten the body eller death		238, DATE SIGNED
	Notes	001	AHA POLY COM	ending Med.	Staff [2/17/21
6	/ 4		DEGREE Phy		Staff Phys.	2/13/11
23C. PHYSIC NAME	IAN'S (Type)	ng caran	M.D.		imore City	*
24A. BURIAL CI	1 4 6 2 11		DEGREE	4940 Eastern A	ve. Balto.	Md - 21224
	REMATION, 248. DATE	24C. N	AME of CEMETERY of CR	MINION!		City, town, or county) (State)
Buria	(Specify)					City, town, or county) (State)
Buria	. (Specify)	71 F	lephzibah		Chester Cou	City, town, or county) (State)
Buria	(Specify) 1 3-16-	71 F	lephzibah of REGISTRAN	25C, FUNERAL DIRECTO	Chester Cou	oity, town, or county) (State)

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1-525 71 2630 BALTIMORE CIT	TY HEALTH DEPARTMENT
	ATE OF DEATH REG. NO. 12630
T. NAME OF DECEASED Vesta E. Johnson (Type or Print) MRS JOHNSON, VESTA, E	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fixed, the institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY MARYLAND C. CITY OF TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES NO 1
UNION PERFORIAL HOSPITAL	E. STREET AND NUMBER 7513 North Potomac Street D
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
FEMALE WHITE WIDOWED DIVORCED	08-02-1900 lost birthday 70 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
HOUSEWIFE	MARYLAND HHERICAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THES ELLIOTT	- 45
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No - 220-09-4413	-W.M. HOSPITAL ADMISSION HISTORY
DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Granchameum ania
(A)MMEDIATE CA DUE TO, OR AS heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
Injury or complication which caused death.)	91-1+
ANTECEDENT CAUSES	dialieles was
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	tam Alghalio
z II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	120A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes 120A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg. INJURY OCCUR? (If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White Mat Work Not White At Work	-
22. I certify that (1) (this hospital) attended the deceased from	
that (1) (we) last saw the deceased alive an 03-12 -	19 7/ and that in(my) (aur) opinion death accurred an the date
and have and from the causes stated above. (1) (We) (dld) (did not)	
23A. SIGNATURE	238, DATE SIGNED
1 Cher Degree Ph	rending Med. Shoff Director Phys. D 03/12/197/
23C. PHYSICIAN'S	23D. ADDRESS
ISSAM CHEIKH DEGREE	UNION TETTORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3-16-71 Oak Lawn	Baltimore, Maryland
25AMATR RECTY STORES THE DEPT. ASS. MANN OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150.05V 1/1/40	John J. Duda 7922 Wise Ave. Dundalk, Md.

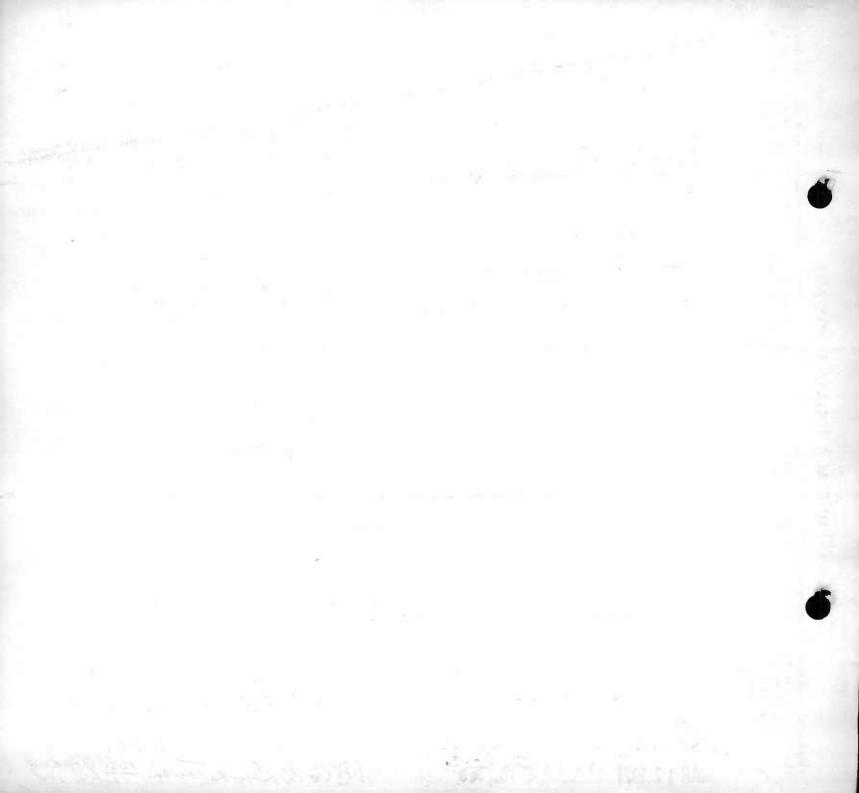


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E CITY HEALTH DEPARTMENT	2
FICATE OF DEATH REG. NO. 11 263	r.
3/9/71	O A M
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence be	fore odmission)
ET MARYLAND 2.6	54
D	
E STREET AND NUMBER	
	06
DI 12/25/75 Was Dirthdoy) Months Days Ho	ours Min.
DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DF WE	AT COUNTRY?
WEST VIRGINIA USA	
14. MOTHER'S MAIDEN NAME	-
Libby Ferguson	
17. INFORMANT 4940 Lastern Avenue Address	
BCH. Rocarde Baltimone Mamiland 3	1224
DEATH APPROXIM	ATE INTERVAL
And CTALLED	
	YRS
OK AS A CONSEQUENCE OF:	
mi Archalenn 30	(10
OR AS A CONSEQUENCE OF:	gens
Hal Kyondrom 80	Resta
to any to	
204	
NO 208. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	ξD
(e.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exact local	ion)
eet, oince bidg., INJURY OCCUR?	
D 21F. HOW DID INJURY OCCUR?	
t While Work	
	19 71
	d on the date
nat) view the body ofter death.	- 3
23B, DATE SIGNED	
Aftending Med. Staff March 9, 1	1971
23D, ADDRESS	
1940 Lastern Avenue Paltimore, Maryland	21224
of GREMATORY. 24D. LOCATION (City, town, or county)	(Stote)
Dickison W. Va.	
25C. FUNERAL DIRECTOR ADDRES	nk Rd
1 Ow Cook provho lowson Towlson	pred
	2. DATE AND HOUR OF DEATH 2. A USUAL RESIDENCE (Where deceased lived, If institution: residence be a COUNTY A STATE B. COUNTY B. ALTIMORE C. CITY OR TOWN B. ALTIMORE E. STREET AND NUMBER 5. 930 ST. RELIS ROAD 212 ED. 3. DATE OF BIRTH 12. ACE (in years in Junder 1 Yr. In Jund



T 670	BALTIMORE CITY	HEALTH DEPARTMENT		74 0-60
7-520 71 2633	CERTIFICA	TE OF DEATH	REG. NO.	71 2633
THOMAS	3	2. DATE AND	HOUR OF DEATH	Dim I
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: sesidence before admission
FULL NAME OF HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	C, CITY OR TOWN		1902 DE CITY LIMITS?
Lutheran Hospital	mait.		0	YES NO
	relating 217%	E. STREET AND NUMBER	timore St	~ .
S. SEX 6. RACE TO MARRIED MIDOWED WIDOWED	DIVORCED	0000	AGE (In years st birthday) 55	If Under 1 Yr. If Under 24 His Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF B done during most of warking life, even if relired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Slate or foreign ALAGAMA	country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Kayto	-13-1
15. Vos Deceased Ever in U. S. Armed Forces? (Yes no or unknawn) (Uf yes, give war at dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	agreed	ADDRESS
18,	CAUSE OF DEAT	1309 W	Backen	mc 2/223
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
heart failure, asthenio, etc. II means the disease, injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) CERE	A CONSEQUENCE OF: BRO-VASCULAR-	ACCIDEN	T I day
, II				19
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ADDISEASE OR CONDITION GIVEN IN PART 1 (A)				
DISEASE OF CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY (Yes or No)	208. IP YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., ir farm, factory, street, af	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
O 21D-TIME (Month) (Doy) (Year) (Haus) 21E IN	IJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
(APPROX.) While Wark	At Wark			
22. I certify that (I) (this hospital) attended the		3 19 19	7/to	3/3/197/
that (1) (we) last saw the deceased alive an	3/	20 / / /		an death accurred an the date
and haur and from the causes stated abave. (1) (We) (did) (did not) v	ew the bady after death.		
23A. SIGNATURE	1 10 10 10 10 10 10 10 10 10 10 10 10 10	nding Med. St	off [7]	238, DATE SIGNED
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS	ys.	9(3) 11
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City,	lown, or county! (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAN	25C. FUNERAL DIRECTOR	STELLAND TO	ADDRESS
MAR 17 1971 P.C. A.E. Jakes	KA O O	With Mi	Eumm	- Batto ma

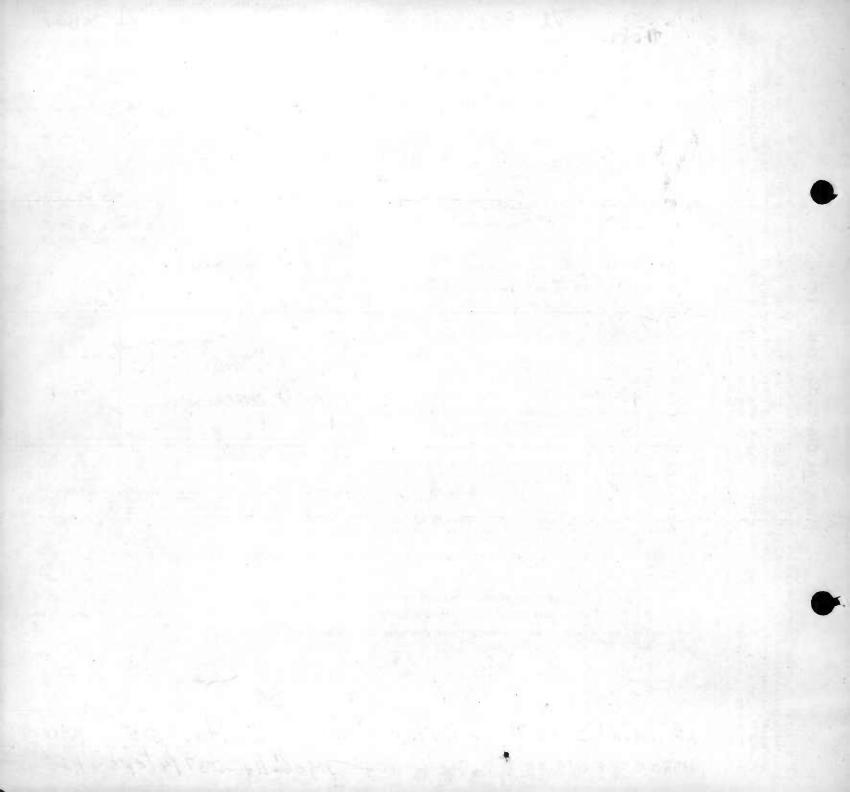


BIR	P-362 71 2634 BALTIMORE CITY HEADICAL EXAMINER'S C	ALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO	71 2634
	NAME OF DECEASED PETERS NAME OF DECEASED MILTON PETERS	2. DATE Known Month Doy March 5,197	Yeor Hour 1 4:30 P. _M
FUI HO	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	3. DATE Month Doy PRONOUNCED DEAD March 5,197	Yeor Hour 1 4:30 P. M.
2	909 S. Paca Street (Vacant)	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Maryland B. COUNTY	2/0/
	SEX 7. RACE 8. MARRIED NEVER MARRIED Ala White WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY YES	Y LIMITS?
9.1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 909 S. Paca Street	
11.	BIRTHPLACE (Stole or Toreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	
	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Jasephine newberth	
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	The Marie Blottenberger	235 Dungarrie Al
CERTIFICATION	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
L CERTIF	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No) yes
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) I certify that I held an Inquiry Inspection Au- resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S	WHILE 22F. HOW DID INJURY OCCUR? tapsy X and that an this basis, death in my a	ppinian
25.	NAME (Type) Charles S. Springate, M.D. A. BURIAL CREMATION, 24B. DATE MOVAL (Specify) Burial A. DATE REC'D BY HEALTH DEPT. 151-REV. 1/1/6B Charles S. Springate, M.D. 24C. NAME of CEMETERY Law Cathed 25B. NAME OF REGISTRAR	ral Com. Baltimore	or county) (Stole) Md. DRESSO / Holling St. 23, Md.

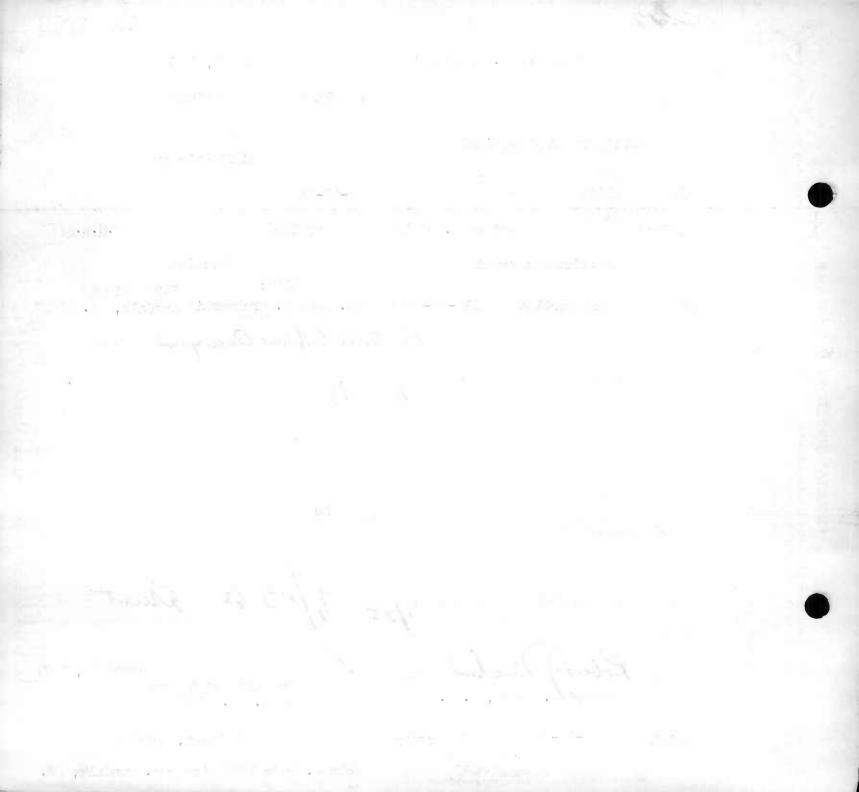
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BALTIMORE CITY HEALTH DEPARTMENT

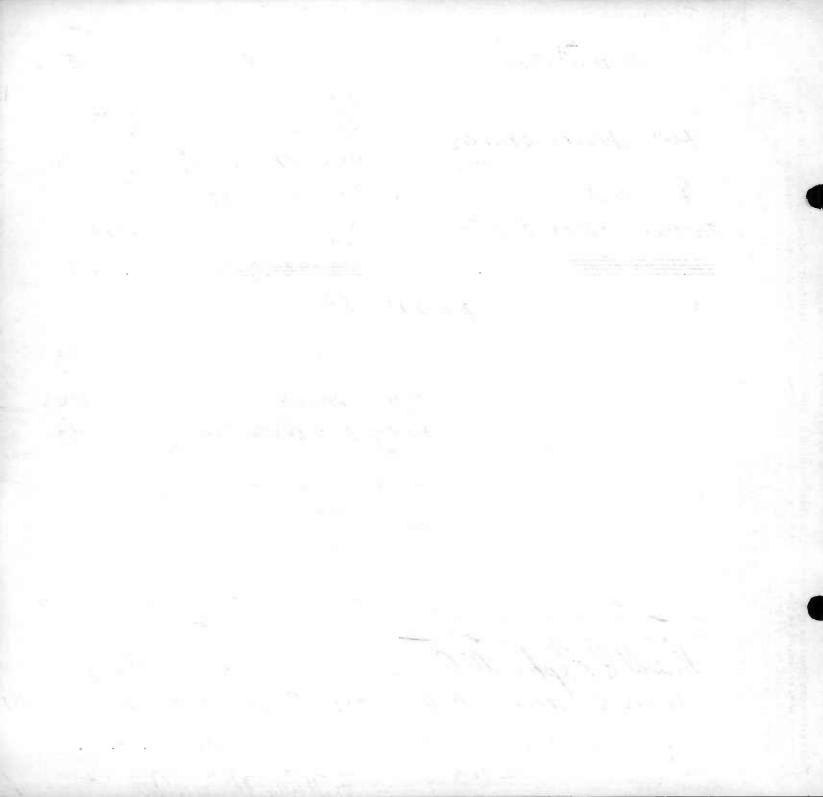


6-61	2 71	200		HEALTH DEPARTMENT	. /	P4 0-00
IRTH NO.	2 /1	. 263	CERTIFICA	TE OF DEATH	REG. NO	(1 2636
NAME OF DE		nder S.	Grabowski		and hour of DEAT	
L PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, II	institution: residence belare admission
ULL NAME OF	F (IF NOT IN HOSPI	TAL OR INSTITE	UTION, GIVE STREET	Maryland	Baltimor	
NSTITUTION				C. CITY OR TOWN	dalk D. IN	ISIDE CITY LIMITS?
31	Baltimore Cit	ty Hospi	tal	E. STREET AND NUMBE		YES NO X
. S EX	6. RACE	7	SEL ASSESSED TO SELECTION OF THE SELECTI	8. DATE OF BIRTH	9. AGE (In years	
Male	White	WIDOWED	NEVER MARRIED DIVORCED	10-11-11	lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
A. USUAL OC	UPATION (Give kind of war	108 KIND OF	BUSINESS OR INDUSTRY	11. BiRTHPLACE (State or	fareign country!	12. CITIZEN OF WHAT COUNTR
Retire		Weste	rn Electric	Maryland	l	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN		
	Ignatius (Grabowsk	i		Veronica	
. Was Decease es, na ar unknaw	d Ever in U. S. Armod Fo	rces? es of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT WITE	2	425 Fairway
Yes	Not Wart		216-01-9113	Mrs. Anne P.		undalk, Md. 21222
heart laiture, injury or car DISEASES rise to the UNDERLYIN	nal mean the made of asthenia, etc. II means mplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if ne above cause (A) G CONDITION last.	s the disease, d death.) S any, giving	40	A CONSEQUENCE OF:		
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	***************************************			***************************************
19A. DATE O	F OPERATION 198. COI	NDITION FOR V	WHICH OPERATION	NO NO	No. 208 IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING [UTING CAUSE OF y medicol examiner)	21 B. hom elc.)	PLACE OF INJURY (e.g., in e, form, factory, street, af	or obout 21 C. WHERE DIT	(If to Battim	are City, give exact location)
21D. TIME OF INJURY (APPROXI	(Month) (Dayt (Year)		INJURY OCCURRED te At		INJURY OCCUR?	P
	y that (1) (this hospita) last saw the deceas		./->	5 19 7 / and	1963 ta /	Alcour 19
and haur ar	nd from the causes sta	ited above. (I) (We) (did) (did not) v	,	•	
23A. SIGNAT		Da	0	nding Med.		23 B. DATE SIGNED
23 C. PHYSICI	ANS	· Max	DEGREE Phys	. Director] Stoff Phys. □ East Joppa R	March 15, 1971
NAME		. Mahon,	M. D.		o. Md. 21204	
4A. BURIAL CR REMOVAL	EMATION, 248. DATE	24C.NA	DEGREE!			City, town, ar countyl (State)
Burial	2761	71	Holy Rosary		Baltimore,	Maryland
	1971 Page 8	25B NAME O		25C. FUNERAL DIREC	TOR	Address Ave. Dundalk, Md.



6-622	BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH NO.	71 2637 CERTIFIC	ATE OF DEATH REG. NO	71 2637
1. NAME OF DECEASED	0 (2. DATE AND HOUR OF DEA	ATH A
3. PLACE IN BALTIMORE, MARYLAND,	K. Gorsuch	March 13,	14711 65
		A. STATE B. COUNTY	If institution; residence before adm
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	G.CITY OR TOWN	INSIDE CITY LIMITS?
	ome, Inc.	Baltimore	YES NO
	ome, It.	E. STREET AND NUMBER 2211 N. Roger	٨
5. SEX 6. RACE	7. MARRIED NEVER MARRIED		Il Under 1 Yr. 11 Under 2 Months Doys Hours A
10A. USUAL OCCUPATION (Give kind of w	WIDOWED DIVORCED DIVORCED	111 Jan 1886 83	
dane dudn't most of working life, even if refired)	RY 11. BIRTHPLACE (State or loveign country)	12. CITIZEN OF WHAT COL
13. FATHER'S NAME,		14. MOTHER'S MAIDEN NAME	V. 3. A
William F	. Rowe	Kate Auld	
15. Was Deceased Ever in U. S. Armed I 1Yes, no or unknown) (II yes, give war ar do	116 50 5141	17. INFORMANT	ADDRESS
No	213 18 1616	a Wesley Home	Jame.
18. 4/2/4 1	CAUSE OF DEA		APPROXIMATE INTER
DISEASE OR CONDITION I		AD. 0 A. 1.	
1This does not meon the mode	of dying, e.g., (A) IMMEDIATE C.	AUSE Wiking & Olyptic carlight	as cular
heort lailure, oslhenia, etc. Il mear injury or complicolian which cause	is ine disease,	Assisse	
ANTECEDENT CAUS			
DISEASES OR CONDITIONS, it	any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION lost.	(c)		
O OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
□ IO THE DEATH BUT NOT RELATED TO ■ IDISEASE OR CONDITION GIVEN IN PARTY	THE TERMINAL		
19A. DATE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION	IN CENTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID #11 to Rolls	more City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical exomines)	hame, farm, factory, street,	office bldg., INJURY OCCUR?	mer - mill And expet tocottout
21D.TIME (Month) (Doy) (Year	Haun 218 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While Al Work At Work		a
22. I certify that (1) (this hospite		12 February 19 21 to 1	3 March 197
that (1) (we) last saw the decease	sed alive on 9 Mars	und that imay/	apinion death accurred on the
	ated abave. (i) (We) (did) (did hat)	view the body after death.	
23A. SIGNATURE	A	thending Med. Staff	23 B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE PH	tending Med. Staff lys. Director Phys.	16 Mar 71
NAME (Type)	Banahy	1652 E. Belv	adora Aira
24A- BURIAL CREMATION, 24B, DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF C		(City, town, or county) 15th
SUMAL (Specily) 16 Mai	171 1 Dudan 1	Park Baltin	A A 1
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C EUNERAL DIRECTOR	appress
	Rader, Med.	o Burnery Eungral	Home Balto.
/S 150-REV. 1/1/6B		INTROVA V. BLA	uso /

BALTIMORE CI	TY HEALTH DEPARTMENT	2000
BIRTH NO. 71 2639 CERTIFICA	ATE OF DEATH REG. NO.	2633
NAME OF DECEASED	2. DATE AND HOUR OF DEATH	and parling.
Type or Print MANOCH REED	3/14/7/	850 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: n.A. STATE / B. COUNTY/	esidenca befara admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)	Md. Belt.	7541
МОПИТИТА	C. CLIN OR YOWN D. INSIDE CITY L	IMITS?
NORTH CHARLES GENERA	BAITIMOLE YES	NO 🗌
49	E. STREET AND NUMBER	
SEX 6. RACE 7. MARRIED NEVER MARRIED		Eldone Rd)
4 CALLA WIDOWED DIVORCED	7/22/16 lost bisthdoy	Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	IY 11. BIRTHPLACE (State or fareign country) 12. CITI	ZEN OF WHAT COUNTI
ane during mast of working life, even if retired) TELEPHONE OPPLATON C+P TELEPHONE	M/	(1)
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<i></i>
Andrew I Bood	00	D
Andrew J. Reed 5. Wos Deceased Ever in U. S. Armed Forces? 116. SOCIAL	7900	Dryden
(es, no of unknown) (If yes, give wor of dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
17/-/6-23/7	PT.	
18.3-76.01 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MISE HEPATIC COMP	2/11
(This does not mean the mode of dying, e.g., Q)IMMEDIATE CA	S A CONSEQUENCE OF:	cary)
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)		,
ANTECEDENT CAUSES	THE FRILING	Z mos
DISEASES OR CONDITIONS, if any, giving DUE TO/ OR A	S A CONSEQUENCE OF:	
ise to the above couse (A) staling the UNDERLYING CONDITION lost.	my dut obstruction	5 mos
II	/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos or No.) 20B, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	/61	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimore City, give office bidg., INJURY OCCUR?	exact location)
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED		
OF INJURY (APPROX.) While At Not Wh	21F. HOW DID INJURY OCCUR?	
Work At Work	. 🗀	
22. I certify that Withis hospital) attended the deceased from M		14 19 71
that (I) (lost saw the deceased alive on MPACH 14	19and that in (my) for opinion deat	h accurred an the dat
and housand from the causes stated above. (I) (#6) (did) (did not)	view the body after deoth.	
23A- SIGNATURE MAIN AND AND		E SIGNED
nscass Ph	ys. Director Phys.	4/7/
PHYSICIAN'S NAME (Type) RUS(E) L // LUEPKER M. O	23D. ADDRESS	11/10000
A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY of CI		r caunty) (Stotal
ALINO VAL (Specify)		
Burial 17 Mar 71 Druid Ridge Cem	etery Pikesville, Balto. C	
*** *** *** *** *** *** *** *** *** **	25C. FUNERAL DIRECTOR	ADDRESS
MAR 17 19/1 Koders C. Gordon 19-4	Burgee Fune Al/Home Baltimore	Maryl and



The state of the s The man divine the work of the last the second

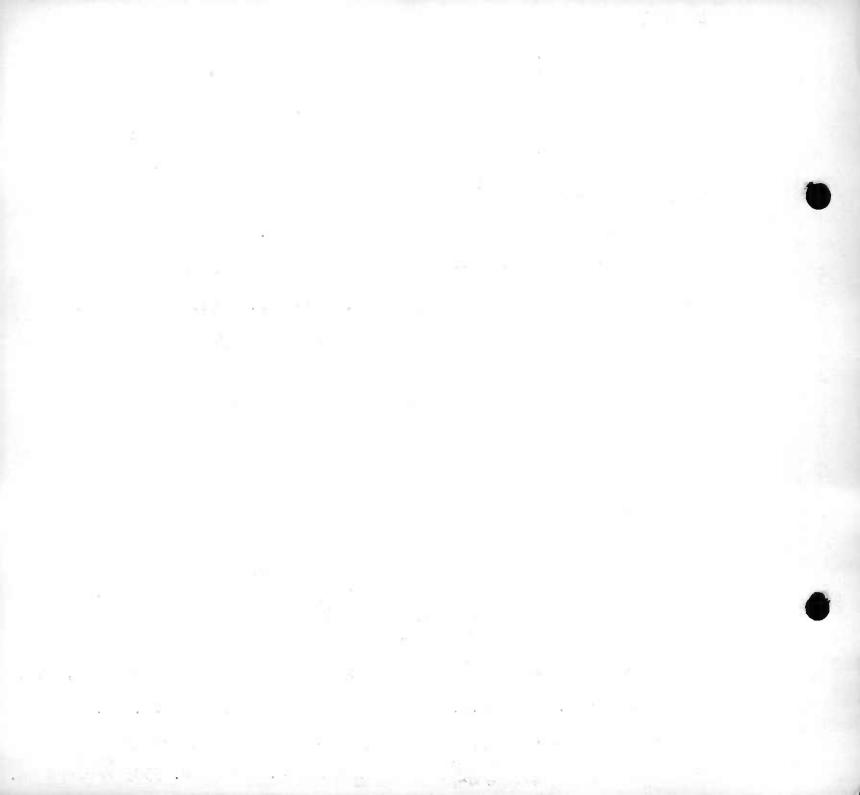
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chi	the body was released to the hospital by a	shows: (1) An accident of any nature; (2) Boo	was D.O.A. at a hospital (except where the	deceased prior to death); and (6) No physi	written approval must be obtained before t	

+	7-412	71	264:		HEALTH DEPARTMENT	REG. NO	71 26	341
	TH NO.	ASED		OEKTII TO		AND HOUR OF DEAT	4	
(Тур	pe or Print)	JOSEPHIN	E P	HILLIPS				-00 PM
3.	PLACE IN BALT	MORE MARYLAND, W	1 2010	OUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	institution: residence	before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET	Md. Balt	imore	SIDE CITY LIMITS?	49
	3011	2nd St. (Bro	olel sen 1		Baltimore		YES 🔼	NO 🗌
0	Balti	more, Md 21	225		e. STREET AND NUMBER			
5. S	F	Cauc	WIDOWE		6/26/1889	9. AGE (In years lost birthday)		If Under 24 Hrs. Hours Min.
don	LUSUAL OCCU • during most of w Housewif	orking life, even if retired	108, KIND (OF BUSINESS OR INDUSTRY	Maryland	neign cauntry)	12. CITIZEN OF V	WHAT COUNTRY?
13.	FATHER'S NAM	E	I		14. MOTHER'S MAIDEN N	AME		
	Frank J	. Robinson			Anna UNK			
Yes	Was Deceased is, no at unknown)	Ever in U. S. Armed For III yes, give war ar dale	ces? s of service)	16. SOCIAL SECURITY NO. 1705 05 5146	Mr. Clarenc	1641 e Kane Balt:	Burnwood R	
	18. []	77		CAUSE OF DEAT		e walle		XIMATE INTERVAL
ATION	DISEASES OF ise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II CANT CONDITION S COLUMN CONDITION TO S COLUMN CONDITION S COLUMN COL	Stating th	(C)	ros C/e y o S (S A CONSEQUENCE OF:			000000000000000000000000000000000000000
	19A. DATE OF	NDITION GIVEN IN PAR PERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSID AUSES OF DEATH?)ERED
O	21A. ACCIDENT OR CONTRIBUT DEATH (notify r	WAS UNDERLYING LING CAUSE OF	21 he	B. PLACE OF INJURY (e.g., I ome, farm, lociary, street, of c.)	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II In Baltim	are City, give exact to	icotion)
MEDICAL	21D. TIME OF INJURY (APPROX.)	Month) (Day) (Year)	W	E INJURY OCCURRED /hile At	21F. HOW DID IN	NJURY OCCUR?		
				the deceased from		19ta3_~	- 15	19.7/.
	that (I) (we) I	ast saw the decease	d alive an	3-15	19 <u>7/</u> and	that in (my) (our) of	inian death occu	rred on the date
	and hour and 23A, SIGNATUR	E .	2		lew the bady after death	•	238. DATE SIGNE	D
	MA 33C PHYSICIAN	4	eou	DEGREE	nding Med.	Staff Phys.	3-16	-71.
	NAME (Typ	MARIO	E.C	OMAS. MD.	23D. ADDRESS 203 E.	PATAPSC	OAVE.	
24A	BURIAL CREM	ATION, 248. DATE	24C.1	NAME OF CEMETERY OF CRI	MATORY 24D.	LOCATION (City, tawn, or caunty)	(State)
	BURIA		I E	Baltimore Natio	nal R	altimore, Mo		
25A	DATE REC'D	Y HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADD	RESS
	MAR 17		E. Jack	EL MA O	1 Cleonard	D. Ruck,]	Inc Balto	o, Md
VS	150-REV. 1/1/69	3						



	occurred in a hospital and natributing cause of death trmined cause; (5) Deceased regular attendance on the ased prior to death. Such is made.
IMPORTANT	Also, if the direct or course of any kind; (4) Undete on our conditions in a stendance on the dece almed or final disposition in
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examinersital by a medical examinerre; (2) Body burns; (3) A fraction where the physician was in regular before the remains are emba
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-25	-/ 174	2642	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.		c64c	CERTIFICA	TE OF DEATH	REG. NO	$\frac{71}{2642}$
1. NAME OF D).		110000	ND HOUR OF DEATH	
3. PLACE IN B	JALTIMORE MARYLAND,	HIGGIN WHERE PRONO	BOTTOM UNCED DEAD	Marc	ch 14, 197	nstitution: residence Veloro odmissio
FULL NAME (A. STATE B. COU	NTY	1 7 4 5
HOSPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Maryland C.CITY OR TOWN	In ING	IDE CITY LIMITS?
0.0				Baltimore		YES XX NO
00	2800 Ru	eckert	Avenue	E. STREET AND NUMBER		
5. SEX	6. RACE	17		2800 Ruec	kert Aveni	
			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
Female	CUPATION (Give kind of wor	WIDOWED	DIVORCED DIVORCED	1/18/1896 TT. BIRTHPLACE (Stole or for		
done during most	ol working life, even il refired) omemaker				•	12. CITIZEN OF WHAT COUNTS
13. FATHER'S N			- 11	Mass.		USA
	William	Magnas	adie	Td		
5. Was Deceas	ed Ever in U. S. Armed Fo	tces?	11 6. SOCIAL	17. INFORMANT	a Dean	ADDOSS
Yes, no or unknow No	wn) lif yes, give war or dot	es of service)	SECURITY NO.		Hith Lob	ADDRESS
18.			None CAUSE OF DEATH	Mr. Harold J	• urddaupoc	ottom Same
UNDERLYII	the obove couse (A) NG CONDITION lost, II RIFICANT CONDITIONS CO	NTRIBITING	(c)	A CONSEQUENCE OF:	***************************************	
& IDISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	T 1 IAI.	******************************		***************************************	
	OF OPERATION 198 CON WAS PER	DITION FOR V	WHICH OPERATION	20A- AUTOPSY? IYes of N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DESCRIPTION OF CAUSE	21 B. hometc.)	e, tann, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
21D. TIME OF INJURY IAPPROXI	(Month) Doy) Year)		INJURY OCCURRED Not While At Work	21F. HOW DID IN	IURY OCCUR?	
22. I certif	y that (1) (t his hospital) attended th	ne deceased fresh	1900	19ta_M	11ch 15 19 71
	a) last saw the decease		Mygran 1-	19 and th		nlan death accurred an the da
and haur a	nd fram the causes sta	ed abave. (1)	(We) (dld) (dld not) vi	ew the bady after death.		
23A. SLON AT	TURE T	SH	12.55			23 B. DATE SIGNED
763	1100, W	nule	DEGREE Phys.	Director L	Staff Phys.	March 15, 19'
PHYSICI NAME				D. ADDRESS		
4A. BURIAL CA	James E. I			5214 Harford		to. Md.
REMOVAL	1Specify)		ME of CEMETERY OF CREE			y, town, or county) (State)
Buri SA. DATE REC	al 3/17/71 D BY HEALTH DEPT.	1101		ial Park Ba	ltimore Ma	
MAR 17		25B, NAME O		25C. FUNERAL DIRECTOR		ADDRESS
1455 51 /	1011	A ALCOHOL		Medital 1:	nuck inc.	5305 Harford Ro



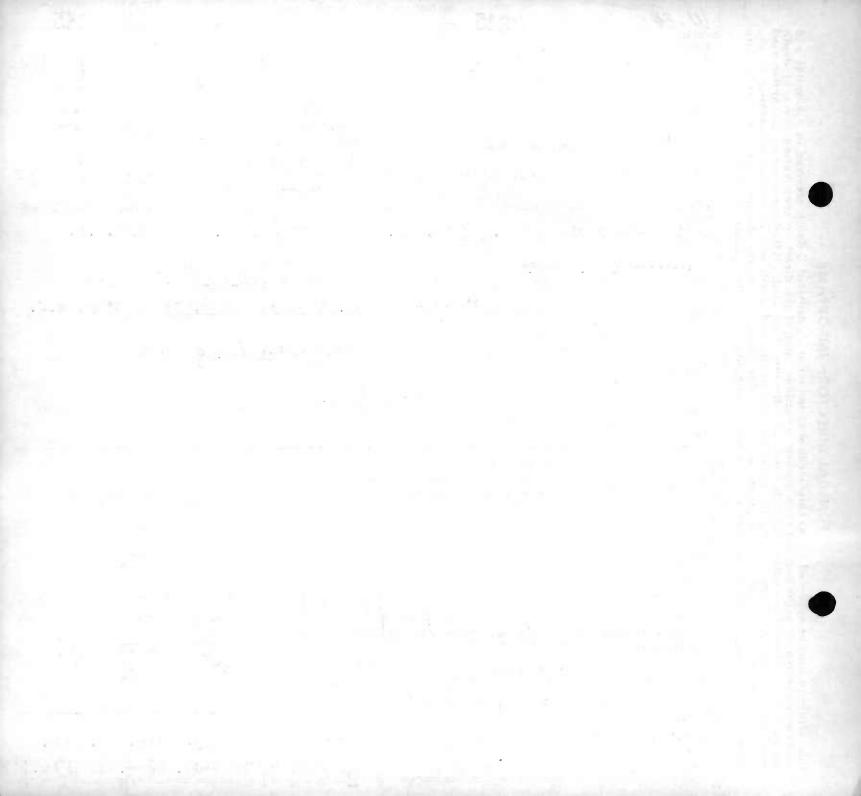
VS 150-REV. 1/1/68

B-3/6	5 71	2644		HEALTH DEPARTMENT		71 2644
I.NAME OF DEC	Kather:	ine Bedi	ford	2. DATE	AND HOUR OF DEAT	гн
3. PLACE IN BAL	TIMORE MARYLAND.	WHERE PRONO	UNCED DEAD	14. USUAL RESIDENCE ()	3/15/71	f institution: residence before odmissio
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 708 Nottingham Road				Maryland C.CITY ORTOWN Baltimore	DON'TY	NSIDE CITY LIMITS? YES NO NO
Apartment 3A				E. STREET AND NUMBER 708 Nottingham Road 21229		
5. SEX	6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr
Female	White	WIDOWED	DIVORCED	2/18/10	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCI	UPATION (Give kind of wor	NOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNT
Secreta	working life, even if retired) Ary	State	Office Bldg.	Baltimore,	Maryland	USA
3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
Charles E. Jay				Isabelle Fleming		
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL				17. INFORMANT Sioux Falls, ADDRESS Dakota		
No	, , , , , , , , , , , , , , , , , , ,	or services	SECURITY NO.	Mr. Charles	Jay Key 600	S. kiwanis Aye.
18. 44	0.9		CAUSE OF DEATH			5710/.
DISEASES OF THE RESIDENCE OF THE RESIDEN	ool mean the mode of osthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) 6 CONDITION last. ILLICANT CONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION SEED TO TONDITION GIVEN IN PART OPERATION 1982. CONDITION GIVEN IN PART OPERATION GIVEN G	any, giving slaling the NIRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS (C) C)	SE A CONSEQUENCE OF: A CONSEQUENCE OF: IN SC/CITY	No) 20B. IF YES, WER	E FÍNDINGS CONSIDERED
21A. ACCIDEN	IT WAS UNDERLYING		BLACE OF BUILDING	1016 2016		AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	hom	PLACE OF INJURY (o.g., in ie, form, foctory, street, off	ico bidg., INJURY OCCUR!	(If In Boltim	ore City, give exact location)
21D. TIME OF INJURT (APPROX.)	(Month) (Day) (Tear)		INJURT OCCURRED ile At Not White rk At Work	21 F. HOW DID I	NJURY OCCUR?	
22. I certify	that (1) (this hospital) attended ti	he deceased from		1965 ta	3/15 1971
	tast sow the decease		4	19 <u>7/</u> and		pinion death occurred on the da
and haur and 23A. SIGNATUI		red abave. (I) (We) (did) (did nat) vi	ew the body ofter deat	Stoff Phys.	23R DATE SIGNED
23C.PHYSICIAI NAME (Ty	Dr. J. Max M	liller	2	3D. ADDRESS 1047 Inglesio		1 / 1 / 1
REMOVAL (S	MATION, 248 DATE	24C.NA	ME of CEMETERT OF CRE			City, town, or countyl (State)
Burial	8/19/71	Lo	udon Park	B	altim re, Ma	•
	BT HEALTH DEPT.	258 NAME C		25C. FUNERAL DIRECT		ADDRESS
MAR 17		E. Ja. Be	A	7 7 8 1 2	Hdmondson	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

11/201		0 1	BALTIMORE CITY	HEALTH DEPARTMENT		MA (5 A M)
W - 320	71	264	CERTIFICA	TE OF DEATH	REG. NO	71 2645
I.NAME OF DECEASED	MA	RY FT	ORENCE WOOL	S 2. DATE A	NO HOUR OF DEATH	
(Type or Print) MAK	Ly F	WOOD	S	3	113/71	1 10.05Pm
3. PLACE IN BALTIMORE				4. USUAL RESIDENCE (WHA. STATE B. COL	ere deceased lived. If	institution: residence before admission)
FULL NAME OF	NOT IN HOSPITAL	OR INSTITU	UTION, GIVE STREET	Maryland		1401
HOSPITAL OR A	DDRESS OR LOCATI	ION)	onon, or vo binez.	C. CITY OR TOWN		SIDE CITY LIMITS?
27 00	1/	1.		Baltimore		YES X NO
3/ Meru	1 HOS	pHAL		E. STREET AND NUMBER		
	1 '			301 McMech	en Street	21217
SEX 6. RAC	ξ 7.	MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. if Under 24 Hrs. Months: Days Hours Min.
		WIDOWED		4/22/1900	70	
one during most of working		B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign countryl	12. CITIZEN OF WHAT COUNTRY
Retired-Lil	orarian	Med.&	Chir.Fac.	Baltimore	. Md.	U.S.A.
& FATHER'S NAME				14. MOTHER'S MAIDEN NA	/	
Frederic	k U. Wood	l q		म्य ००	ence Turne	279
Was Decement Ever In	II. S. Armed Force	-7	16. SOCIAL	17. INFORMANT Sist		
es, no or unknown) (If yes,	give wor or dates	of service)	SECURITY NO. A			
No			CAUSE OF DEATH	Mrs.Florence	Woods, Oc	cean City, N.J.
1 6 8611			CAUSE OF DEAT			BETWEEN ONSET AND DEATH
	CONDITION DIRECTED TO DEATH	CTLY		Page		17
(This does not med	n the mode of d	ying, e.g.,	(A) IMMEDIATE CAU	SE CARCINOMA CONSEQUENCE OF:	lung w	rlh
heart failure, astheni injury or camplicatio	a, etc. It means th	e disease.	DUE IO, OR AS	CONSEQUENCE OF:		
	DENT CAUSES	eam.j	1	1		
			(B) Mela	sagn	*************************	PARCO
DISEASES OR CO	NOTITONS, if an	y, giving taling the	DUE IO, OK AS	A CONSEQUENCE OF:		
UNDERLYING CON			(c)	*****************************		***************************************
OTHER SIGNIFICANT						
DISEASE OR CONDITION	N GIVEN IN PART 1	(A).	*************************			***************************************
19A. DATE OF OPERA	WAS PERFO	TION FOR Y	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
21A ACCIDENT WAY	HNDESIMAGE	loss	D1 4 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1010		
OR CONTRIBUTING	CAUSE OF	21 B.	PLACE OF INJURY (e.g., in a, farm, factory, street, aff	or about 21 C. WHERE DID	(II in Boltima	ire City, give exact location)
DEATH (notify medical	examiner)	etcJ				
OF INJURY (Menth	(Doy) (Year) (INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Whi	le At Not While			
22. 1 certify that (1	(this haspital)			TIEI	19 7 / to 3	1 3 1 19 7/
that (I) (we) lost se			7 17 /	10 7/1		
		11				Inlan death occurred an the date
	he couses stated	apave. (1)	(We) (did)(did not)	ew the body ofter death.		
23A. SIGNATURE	vd	-	144	ulia em atal em		23B. DATE SIGNED
	42	um	DEGREE Phys		Shaff Phys.	3/13/71
23C. PHYSICIAN'S NAME (Typel	/.1.	ť		3D. ADDRESS		
1	YI K	L	JIN H.D.			
A. BURIAL CREMATION	, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (C	ity, town, ar county) (State)
Burial	3/17/71	1.1	andlerm are	otom:		
DUL'THE			oodlawn Cem	etery W	ooqrawn, Ba	lto. Co., Md.
MAR 17 1971	Robert &	Ja Ren	MA O		~	08 W.North Av. (1
7 1011				Bright W	TOURITY OO.	OO M.HOT.OH AA.
\$ 150-REV. 1/1/68						



1	2/0 74 2016	HEALTH DEPARTMENT	248
	TH NO.	TE OF DEATH REGINO.	740
	AME OF DECEASED SEADER ANNA (ANN.	A SEADER) MARCIA 16 1971 65	0 . 1
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, & institution; residence before	ore odmission)
FU HO INS	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY MARY LAND C. CITY, OR TOWN D. INSIDE CITY LIMITS?	3
150	GOOD SAMARITAN HOSPITAL	E. STREET AND NUMBER 1745 WAVERLY WAY, 21	2/2
5. S	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		Under 24 Hrs.
104	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WH	AT COUNTRY?
done	AUSENIFS	BROOKLYN, NEW YORK U.SA	
13. 1	William ZAKARAS	14. MOTHER'S MAIDEN NAME	-
15. \	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ERKMAN ADDRESS	
N	O of unknown) of yes, give war at dates of service) SECURITY NO.	HUSPITAL CHART	
	18. / 7 4 X CAUSE OF DEAT	H APPROXIMA	TE INTERVAL
		INOMA OF BREAST 2V	SARC
	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	C / V / C)
	injury ar complication which caused death.)		
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the abave cause (A) storing the UNDERLYING CONDITION last. (C)		
-	II II		
АПО	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	D
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., inchange, farm, foctory, street, of DEATH (notify medical examiner)	n or obout 21C. WHERE DID (If In Boltimore City, give exect location of the bidg., INJURY OCCUR?	on)
	21D. TIME (Manth) (Doy) (Year) (Hous) 21E, INJURY OCCURRED While At Not While At Wark At Work		
	22. I certify that (1) (this hospital) attended the deceased from	1HRCH 15 19 71 10 MARCH 16	19_7/
	that (I) (we) lost sow the deceased alive on NIARCH 16	19and that in(my) (our) opinion deoth occurred	on the date
	and hour and fram the causes stated above. (We) (did) (did not) 1		
	Michael Colin MD DEGREE Phy		(471
	NAME (Type) Michael Colvin, M.D.	Good Samaritan Hospital	
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR		(Stote)
25.			
25A	AR 17 1977 P.C. A. C. R.D. M.D.	STEWART & MOWEN CO.108 W.North	
VS '	50-REV. 1/1/6B		

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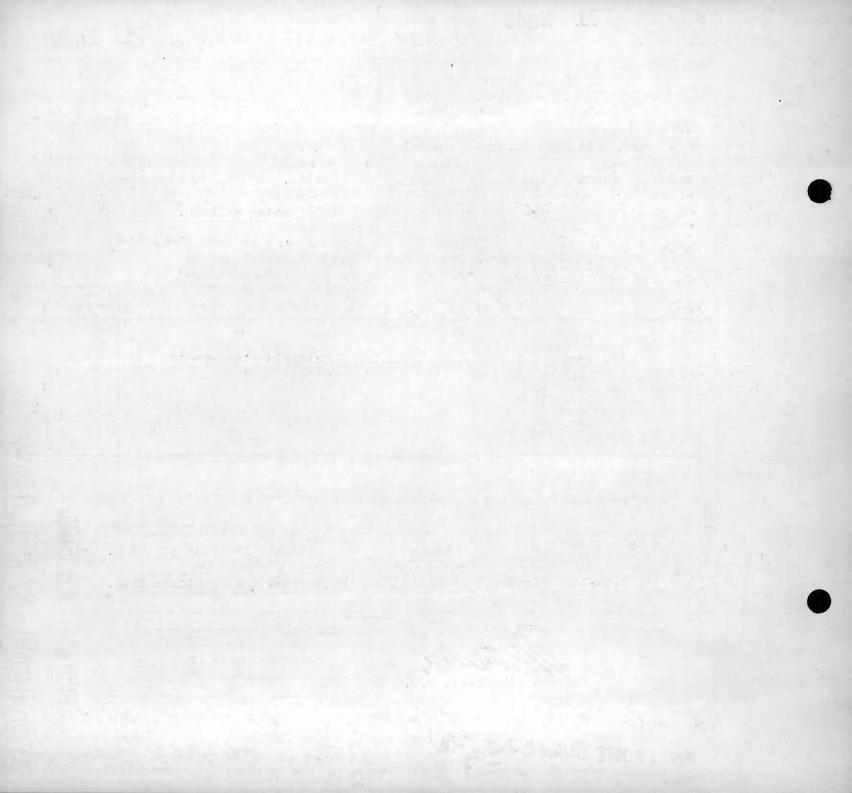
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1 200 mg	DOAT BALTIMORE CIT	TY HEALTH DEPARTMENT	
BIRTH NO.	2647. CERTIFICA	ATE OF DEATH REG. NO	71 2647
1. NAME OF DECEASED (Type or Print) Edgar Chase		2. DATE AND HOUR OF DEA	1 5:17 p
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	Md. AA	INSIDE CITY LIMITS?
2 14		Severn	YES NO
3/ Mercy Ho	spital, Inc.	E. STREET AND NUMBER	
		Rt 2 Box 232 Queens	town
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE Un veois	II Under 1 Yr If Under 24 H
MN	WIDOWED TO DIVORCED	14/3/98 tost birthday!	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work		Y 11. RIPTHPLACE (Stella of foreign squarter)	12. CITIZEN OF WHAT COUNT
dose during most of working life, even if refired)	-		
Common (191 MR	TIST	Ma9yland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Eliza E. Brookes	
5. Was Deceased Ever in U. S. Anned Fore	es? 1 6. SOCIAL	17. INFORMANT	4
(Yes, no or unknown) (If yes, give war or doles	s of service) SECURITY NO.	THE CHANGE	Shipper I
112	219-10-5390	James MICKONS	OPINSOF NKMY
18, 2	CAUSE OF DEA	THP //	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	ECTLY 1/1	W	BETWEEN ONSET AND DEA
LEADING TO DEATH	/ / / /	monay klow	26. 1772-2
This does not mean the mode of	dying, e.g., (A) IMMEDIATE CA	S A CONSEQUENCE OF:	2012
heart failure, asthenia, etc. It means injury or camplication which caused	the disease.	A CONSEQUENCE OF	
	ACL.	- 6.1	1
ANTECEDENT CAUSES	wyman	mon as preumos	20/4
DISEASES OR CONDITIONS, if		S A CONSEQUENCE OF:	1
rise to the above cause (A) UNDERLYING CONDITION task	stating the	le strial be la	- 0
	Of the second	J. Charles and J. Cha	
OTHER SIGNIFICANT CONDITIONS CON			
TO THE DEATH BUT NOT RELATED TO TH	IE TERMINAL		
DISEASE OF CONDITION GIVEN IN PART	1 (A).	20A. AUTOPSY? (Yes or No.) 208. IF YES. WE	
WAS DEED	DEMED	4 IN CERTICINA	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 214 A CCIDENT WAS UNDERLYING	nator meny full		
OF CONTRIBUTING CAUSE OF	home form foctory street	in or about 21 C. WHERE DID (II in Bolti office bidg., INJURY OCCUR?	more City, give exact lacation)
DEATH (notify medical examiner)	etca)		
O 21 D. TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJUSY	While At Work At Work	ile	
TAPPROCI	Work At Work		-1 11
22. I certify that (1) (this hospital)	ottended the decensed from	8/7 19 7/ to	3/11 61
that (1) (we) lost sow the deceased	olive on S///		goinlan death occurred an the da
			sprindir dedili occurred an the ad
and have and from the couses state	to apove (1) (we) (gid) (aid not)	view the bady ofter deoth.	
23A SIGNATURE	- 4/1/NI)		23870 ATE SIGNED
VIIMININY TE	UDSY - I AH Phy	ending Med. Staff	8/11/
238. PHYSICIAN'S	PEGNED	23D. ADDRESS	8/-
NAME ITypel	M		, / /
Martin E. Zipser	DEGREE		
REMOVAL Specily)	24C. NAME of CEMETERY OF CE	1 10 00	(City, Jown, or county) IStotel
1) June 10/10/-	11 / A HUE	1 Sunt 1	11
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 12.	ADDRESS
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/\$ 150-REV. 1/1/68		1016	
		200	

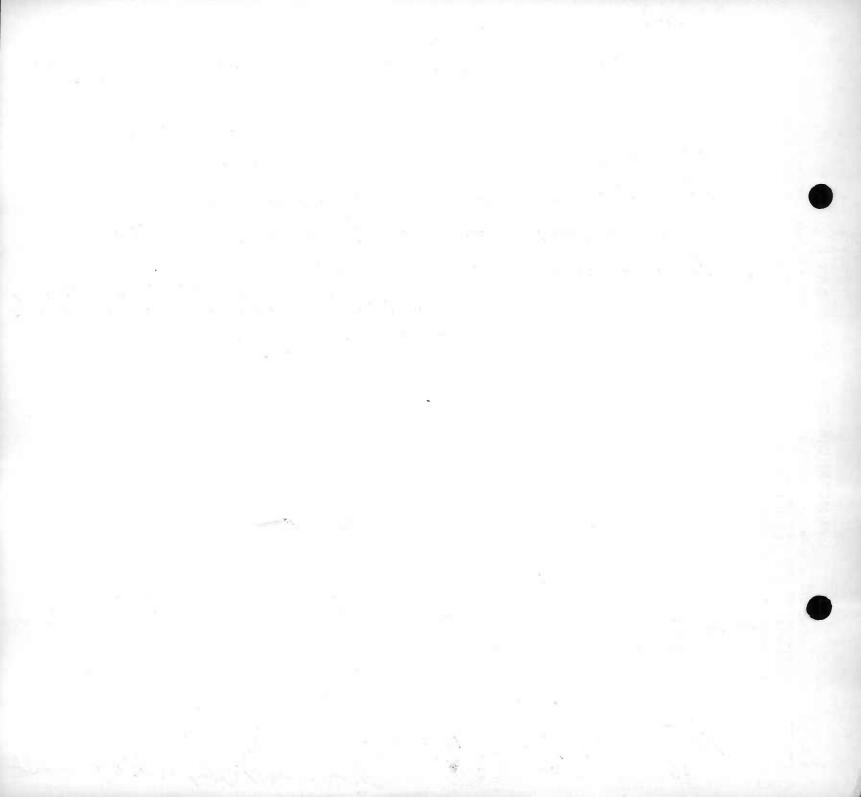
BURTH NO. CER	RTIFICA	HEALTH DEPARTMENT	ŒG. NO.	SPS	2648
1. NAME OF DECEASED (Type or Print)	-		AND HOUR OF DEA		
Minnie Hardy		Ma	rch 13, 1	971	10:40p A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	ND.	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. I UNTY	I institution: res	idence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION) NSTITUTION	STREET	Maryland		1.	503
NSTITUTION ADDRESS OF LOCATION)		C. CITY OR TOWN	D. 1	NSIDE CITY LIA	AITS?
University of Maryland Hospit	-a1			YES 🗌	NO X
one very de lacty and modpat		E. STREET AND NUMBER			
			aski Stre	et	
SEX 6. RACE 7. MARRIED NEVER N	AARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under	1 Yr. If Under 24 His.
	ORCED	11-1-05	65		
A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS Come during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZ	N OF WHAT COUNTRY
		TT C A		١,	T 0 A
Unknown Unknown FATHER'S NAME		U.S.A.	I A M F		J.S.A.
rank Williams		Laura			
. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor at doles of service) 1 6. SOCIAL SECURIT	IY NO.	17. INFORMANT			ADDRESS
No 218-09-4438 Note	apuen.	Hospital	chart		
18. CAUS	E OF DEATH				APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1		86	TWEEN ONSET AND DEATH
LEADING TO DEATH	IMEDIATE CALL	SE acute un	A 1- in		
(This does not mean the made at dying, e.g., heart toilure, asthenia, etc. It means the disease,	UE TO, OR AS	CONSEQUENCE OF:			
injury or camplication which caused death.)				ł	
ANTECEDENT CAUSES				1	
DISEASES OR CONDITIONS, il ony, giving	LE TO, OR AS	A CONSEQUENCE OF:	alive	<u> </u>	************
rise to the above cause (A) stating the	2 %	4 117			
UNDERLYING CONDITION last. (C)	deale	tes mellitus			
II					
	Lette	gangien L.	foot.		
IDISEASE OR CONDITION GIVEN IN PART 1 [A].			7		
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPER WAS PERFORMED	Allon	20A. AUTOPSY? (Yes or	No) 20B IF YES, WEI	CAUSES OF D	ATH?
	NIIIInwia a la				
OR CONTRIBUTING CAUSE OF home, form, foctor	ory, street, all	or obout 21 C. WHERE DID	(II In Boltin	nore City, give	exoct location)
DEATH Inotify medical examiner)				-	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OC		21F. HOW DID I	NJURY OCCUR?		
(APPROX.) While At	Not While				
22. I certify that (I) (this hospital) attended the deceased			19 7/ to		10.7.
		30.7/			19_7/
that (i) (we) last saw the deceased olive an Man				pinian death	accurred on the date
and have and from the causes stated above. (1) (We) (did)	(did nat) vi	ew the bady after death	1.		2000
23A. SIGNATURE	4		1101-21	23 B. DATE	SIGNED
Joseph Lowe, M.D.	Phys.	ding Med.	Staff Phys.	man	el 13, 1971
NAME (Type) JOSEPH LOWE	2	3D. ADDRESS		ngital	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM		MATORY	LOCATION	(City to :=	
SEMOVAL (Specify)	/		2	(City, town, or	county) (Stote)
12 1 1 1 1 1 1 1 Ca	Maria	- /0	תו כו כתרה	201	7 26
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	1	25C. FUNERAL DIRECT	OR /	1-1	ADDRESS
MAR 17 1971 Ballet & Jacks, 1970. 0	17 0	Marin Garage	10 Harris	635 K	1611 ma
		The second secon	/		

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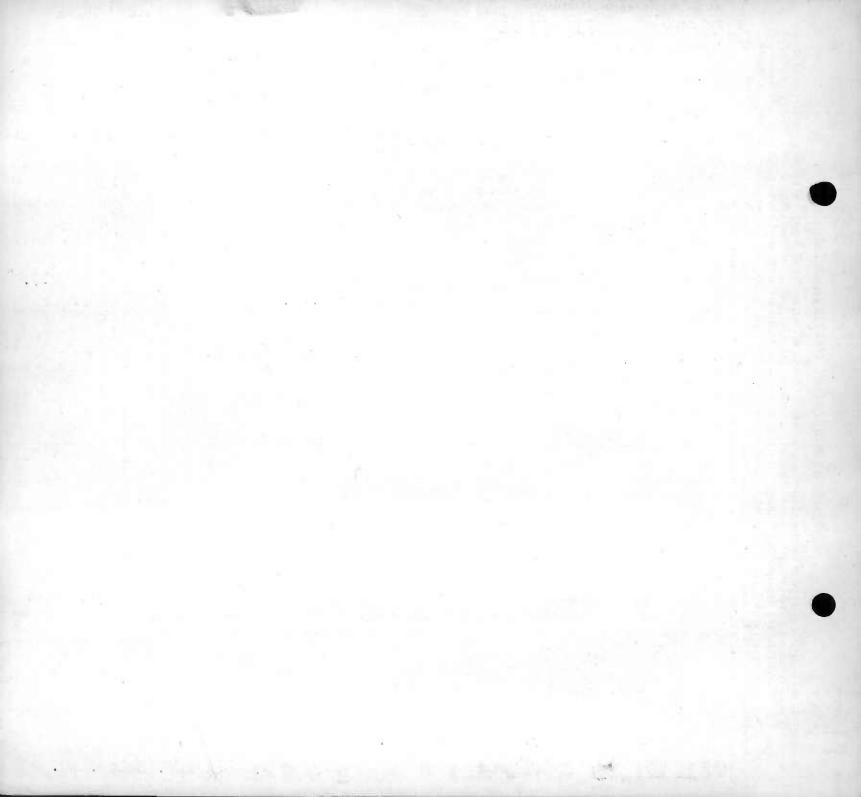
	A-65	2		649 OICAL		AMINER'S			F DEAT	H REG. NO.	71 ;	2649	
BIR	TH NO.									KEG. NO.		0 = -	_
	NAME OF DEC	CEASED	ROBEI	RT ARM	1STR	ONG	2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hour	
4.	PLACE IN BAL	TIMORE, M	ARYLAND, V	VHERE PR	ONOU	INCED DEAD	3. DATE		Month	Doy	Yeor	Hour	M.
HO	L NAME OF SPITAL INSTITUTION		OT IN HOSPIT		OITUTIO	N, GIVE STREET		DUNCED DEAD	3	14	1971		М.
	110	uth Ba	ltimore	Gene	ral	Hospital	A. STATE	RESIDENCE (Whe	re deceosed l	B. COUNTY	residence be	7, 301	
6. 5	SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?		-
	male	neg	ro	WIDOV		DIVORCED		Balto.		YES	A KI S	10 🗆	
9. 1	AN /-	- 0	10. AGE (n years	If Unde Manths	er 1 Yr. If Under 24 Hr. Doys , Haurs , Mir	1.	AND NUMBER 015 Leade	n Hall	St.			
11.	BIRTHPLACE (IZEN OF	13. FATHE	R'S NAME	_		U6	70 13	
144	USUAL OCCU	PATION (G	ive kind of work	14B KINE	OF BU	ISINESS OR INDUST		ER'S MAIDEN NA		, , , , , ,			-
don	Sar A	vorking life, e	even if retired)	pt.		(cho)		VIS P		ow			
16. (Ye:	WAS DECEAS	ED EVER IN	VU.S. ARME war ar dates	of service	1 1	7. SOCIAL SECURITY NO.	18. INFO	MANT ARM	STRE	NG 101	DRESS	BENHAU	24
	19.	16	X.	- ox	//11	CAUSE OF DE					APP	ROXIMATE INTERVA	
	DISEAS	E OR CON	DITION DIRE	CTLY									
		LEADING 1	O DEATH made of d	/ing e g		(A) IMMEDIATE	CAUSE R AS A CONSE	Multiple	stab w	ounds			
	heart failure	, asthenia, e	tc. It means th nich caused de	e disease,		00E 10, 01	CAS A CONSE	QUENCE OF:					
NO	DISEASES RISE TO TH	E ABOVE C	T CAUSES FIONS, IF AN AUSE (A) STA TION LAST.	Y, GIVING TING THE	H	(B)	R AS A CONS	EQUENCE OF:				1 및 1 및 1 및 1 및 1 및 1 및 1 및 1 및 1 및 1 및	
CERTIFICATION	TO THE DE.	ATH BUT NO	II ONDITIONS C OT RELATED TO	THE TERM	INAL								
RTH			N GIVEN IN F			HICH OPERATION V	NAS PERFOR	MED			21. AUTOF	SY? (Yes ar Na)	
	2											yes	
MEDICAL	UNDERLYING CA	USE OF DE	NTRIB-	r) (Hou	home, f	ACE OF INJURY(e.garm, factory, street, of house	fice bldg., etc.)	INJURY OCCUR?	in fr	ont of 1		2 Cross St	
	(APPROX.)	3-14	-71	1:50a	m. WO		WORK 3	Stabbed	during	altercat	tion.		_
	l cert	ted fram: URE ER'S	held an Natural con Isidor	Mil	Rall	Suident Suid	.D. AS	and that an domicide CHIEF MEDICAL SISTANT MEDICAL OCIATE MEDICAL	Undeterm EXAMINER EXAMINER	death in my dined manner		DATE SIGNED 3/14/71	
	A. BURIAL CRE	MATION,	24B. DATE	171	24C.	NAME of CEMETER		TORY 24E	LOCATION	(City, tawn,	ar county)	(State)	_
25	DATE DECID	DV UEALTI	DEPT	250= N	TA ME C	1		EUNIEDAL DIREC	TOP		DDESS		
25	MAR 19	1971	Robert	2,36	Ben,	STRAR	Jan	runeral direc	PHm	no 635	ng12	mn A	_
٧s	151-REV. 1/1/6	3 /	1 40	1	1	San I	2	0 4 8					



1000	BALTIMORE CI	TY HEALTH DEPARTMENT	Part II
BIRTH NO. 71	2650 CERTIFIC	ATE OF DEATH	G. NO. /1 2650
1. NAME OF DECEASED		2. DATE AND HOUR	_
3. PLACE IN BALTIMORE, MARYLAND,	A WILLOWE	4. USUAL RESIDENCE (Where deceased	12-71 9:00 RM
The state of the s	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	I lived. Il institution: lesidefice before admission)
HOSTING OK ADDRESS OF FOR	ITAL OR INSTITUTION, GIVE STREET	MD	1603
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
00		E. STREET AND NUMBER	YES NO
636 N. GILY		636 NGILA	von St
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	years If Under 1 Yr., If Under 24 Hrs. Wonths Doys Hours Min.
F-6 (010203	WIDOWED DIVORCED	11110077878 7	7) Monins Days Hours Min.
10A, USUAL OCCUPATION (Give kind of wo dane during most of working life, even if retired)	IN 108 KIND OF BUSINESS OR INDUSTI	IT. BIRTHPLACE (Stole or loveign cavity)	12. CITIZEN OF WHAT COUNTRY
DENESTIE RET.	PUT FAMILY	BALTO MID	18.52
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	'EATLY		SOHNSON
15. Was Deceased Ever in U. S. Armed Fo (Yes, no ar unknown) (If yes, give wor or do	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT	129 W. ADDRESS 7/4 Col-
110	221-13-57	STA THEIMAN.C.	and the mark to the
18. 1 0 0	CAUSE OF DEA	TH THE THE GIVE OF GIVE	APPROXIMATE INTERVAL
DISEASE OR CONDITION D	RECTLY Hyperte	nsive Cardio-vascu	
LEADING TO DEATH		3:00000	14 months
(This does not meon the made a heart failure, asthenio, etc. It mean injury ar complication which cause	s the disease.	S A CONSEQUENCE OF:	
ANTECEDENT CAUSE			1
DISEASES OR CONDITIONS, if		S A CONSEQUENCE OF:	
rise to the above cause (A)	sloling the	S A CONSEQUENCE OF:	
UNDERLYING CONDITION lost	(c)	**********************************	*****
, II			
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
DISEASE OR CONDITION GIVEN IN PA	RT 1 (A).		
	RFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If office bldg., INJURY OCCUR?	In Boltimore City, give exact location)
21D.TIME (Month) (Day) (Year) OF INJURY		21F. HOW DID INJURY OCCU	R?
(APPROX.)	While At Work Not Wh	ile 🗂	
22. I certify that (I) (this bosnita	1) attended the deceased from		= /
that (I) (we) last saw the decease	ed alive an 1/13/	19 1 and that In (my)	a I/I3/ 19 7I (aur) apinian death accurred an the date
and have and from the causes sta	ted abave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	. / .		23B, DATE SIGNED
19 62h W 1	enter ND A	ending Med. Staff Phys.	3/16/71
23C. PHYSICIAN'S NAME (Type) Ralph W.	Reckling MD	23D. ADDRESS	
	DEGREE		3 0
REMOVAS (Specify) 248. DATE	24C. NAME OF CEMETERY OF CE	24D. LOCATION	(City, tayen, or county) (State)
12mml 0/16,	17% Int and	mad dark	myle
SA, DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS/ 1
MAR 17 1971 Tellege	E. Nather M. C.	Mark well	Some tod of your do
/S 150-REV. 1/1/68		10 0 1 1 V	



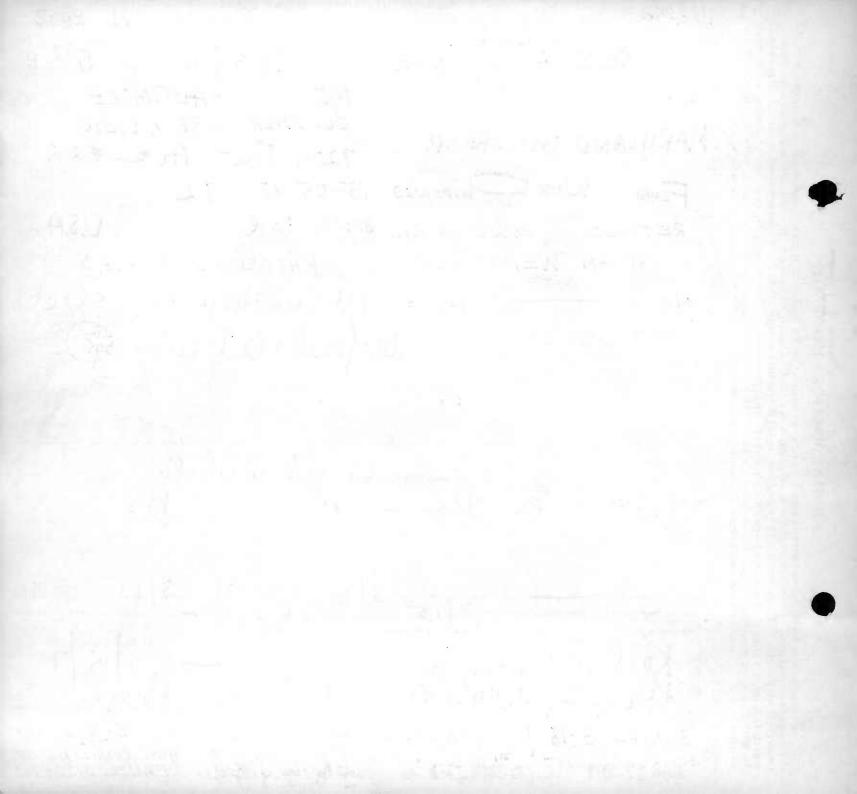
7	BALTIMORE CITY	HEALTH DEPARTMENT		71 2651
FIRTH NO. 71 2651	CERTIFICA	TE OF DEATH	REG. NO	17 5001
1. NAME OF DECEASED (Type or Point)	2/11/24/57		D HOUR OF DEATH	
2 PLACE IN BALTIAGOS MARYLAND WILETE BOOK	ZIMMERA	H N WSUAL RESIDENCE (What	a deceased lived If in	6 70 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A. STATE B. COUN C. CITY OR TOWN	TY Section 1	2744 IDE CITY LIMITS?
MARYLAND GENERAL H	HOSPITAL	E. STREET AND NUMBER	ry Ave.	YES NO NO
S. SEX 6. RACE 7. MADDII	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F W WIDOW		5/31/13	lost birthdoyl	Months Doys Hours Min.
INA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		North C	asoleire	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Cod Folter				
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Bertha Bertha	Pollard	ADDRESS N C
Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.		3 **	14.0.
no	220 - 22.99	7 Mrs. R. Par	ul Harrel]	l Macclesfield
1B. 24 8 5 X I	CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		. /.		214
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Varal Mr.	ocurde To	276.
(This does not mean the mode of dying, e.	.g., DUE TO, OR AS	A CONSEQUENCE OF:	- Charles Stranger	<u> </u>
heart failure, asthenia, etc. It means the disea injury ar camplication which coused death.)	se,			
ANTECEDENT CAUSES	5		couré	5
	(B) OP AS	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving the property of the pro	3	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
- 11	f ==1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA				
d DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If In Baltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	p. III ballille	
0	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
S OI MOOK!	While At Not While			
	Work At Work			
22. I certify that (I) (this haspital) attende	d the deceased fram	3/15	19 } /	5/15/ 197/
that (I) (we) last saw the deceased alive a	- / -	_ / / /		nian death occurred on the date
		/	ar intiny, tuor, apr	mon death occurred on the date
and haur and fram the causes stated abave	(1) (We) (did) (did nat)	fiew the bady ofter death.		
23A. SIGNATURE		100		23 B. DATE SIGNED
Vac / seleta	Dhy	nding Med. Director	Staff Phys.	5/13/71
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		///
Victor R. Felipa	M.D.			
24A. BURIAL CREMATION. 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY OF CR	MATORY 24D. Le	OCATION (Ci	ity, town, or county) (Stote)
7 1 7 1 1 1 1 1 1 -	arkwood Cem.	Bai	ltimore, I	Md,
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
R 17 1971 Pose E. Jabergh	13. 00	beonard Jo	Ruck Inc.	. Balto. Md.



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U.S. ARMED FORCES? (as, no prunknown) (If yes, give/wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort follow, etc. It mesons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITION LAST. (A) IMMEDIATE CAUSE DISEASES OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TOR RELATED TO THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION TOR WHICH OPERATION WAS PERFORMED 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 222B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) by Contribution of the contributio
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Tes, no prival nown) (If yes, glave/wor or doles of service) 17. SOCIAL 18. INFORMANT ADDRESS SECURITY NO. 212 - HG-H86S CAYMEN Frank DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. It means the disease, injury or compilication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 224. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) DISTANCE OF THE ABOVE CAUSE (A) STATING THE UNDERLYING OR CONTRIB.
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19. 3 4 CAUSE OF DEATH BETWEEN ONSET AND DEATH 19. 3 4 CAUSE OF DEATH Narcotics addiction 19.
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2 UNDERLYING ☐ OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
I UING LICAUSE OF DEATH
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK
m. WORK AT WORK
I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident Suicide Homicide Undetermined monner
CHIEF MEDICAL EXAMINER
ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE M.U.
EXAMINER'S Isidore Mihalakis, M.D. ASSOCIATE MEDICAL EXAMINER (Type) 3/14/71
4A. BURIAL CREMATION, 24B. DATE: 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
EMOVAL (Specify) 3/18/21 Part & Day 1/2 Part 1 Part
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS /
MAR 17 1971 Passed E. Jaben M.D. Sunai A. Ackwar, Smor
151-REV. 1/1/68

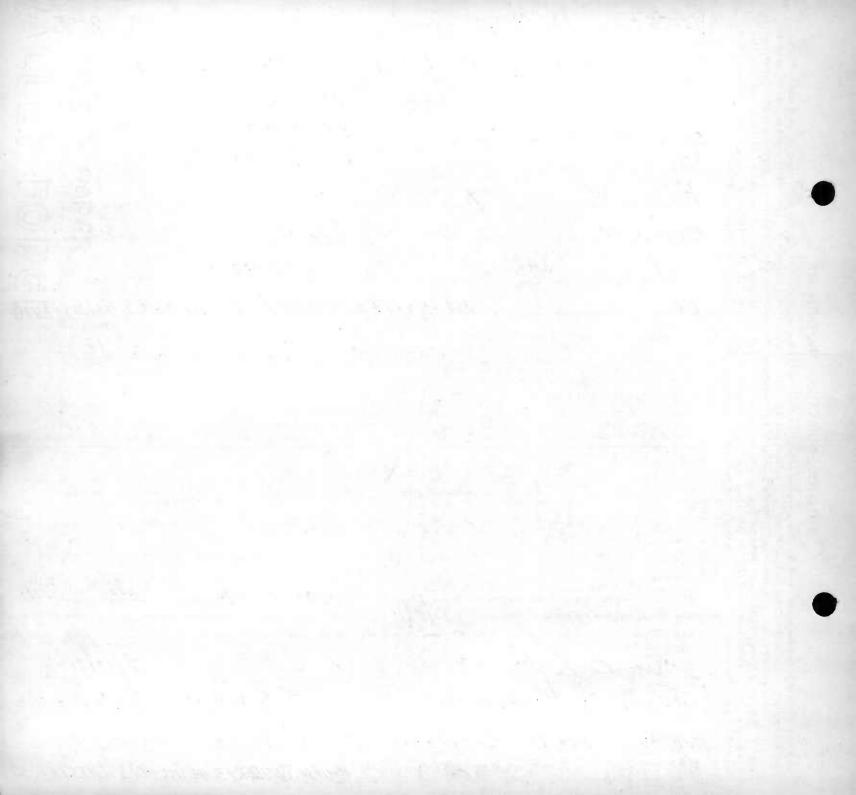
5/28/71 - Letter from M.E.O.

Affe.

This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such IMPORTANT FUNERAL DIRECTOR:

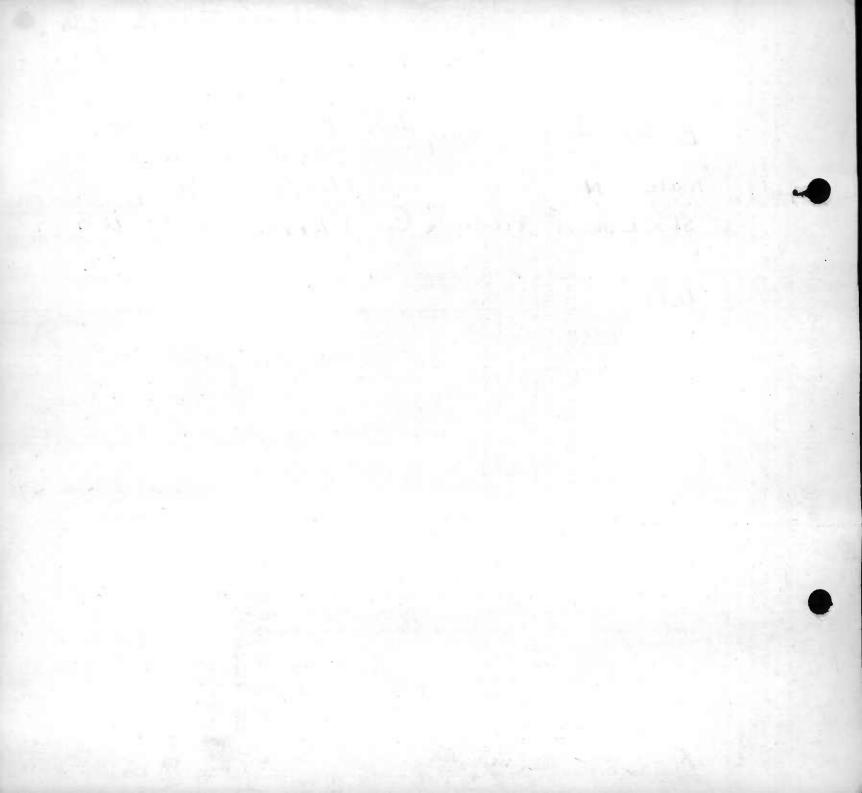
C-600 PM 00FA		HEALTH DEPARTMENT		71 2654
BIRTH NO. /1 2654	CERTIFICA	TE OF DEATH	REG. NO.	71 2634
1. NAME OF DECEASED (Type or Print) CURREY, RICL	iard Nay	/	HOUR OF DEATH	345
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived if inst	itution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOGATION)	STITUTION, GIVE STREET	A. STATE B. COUN C. CITY OR TOWN	IY	2003 ECITY LIMITS?
Pout Baltimore Sen	10021 Hospital	Beltimor		YES NO
43	icho Horpine,	E. STREET AND NUMBER 1914 With	1	
WiDOV WIDOV		2-23-32	37	If Under 1 Yr. if Under 24 Hrs Months, Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTR
Dizmond Cab Co. Boo	y & Fender Repeir	Parkershine	41/2	U.5A
? Currey (dec)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 MOTHER'S MAIDEN NAM		1_9.3/4.
5. Was Deceased Ever in U. S. Armed Forces? fos,no or unknown! (III yes, give war or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes Kerry	23 (-48-2587	Wise - Petric	· O	1914 11.11. 1. 5
18. 24 8/	CAUSE OF DEAT		13 Correy	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		011		BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE Jepdiesen	- Ce	
heart lailure, asihenia, etc. Ii means the diser	DUE TO, OR AS	A CONSEQUENCE OF:	-	
injury or complication which caused death.)		Post	•	
ANTECEDENT CAUSES	(8)	Percuir	- CZ	
DISEASES OR CONDITIONS, if any, gives to the above cause (A) siding UNDERLYING CONDITION last.	ihe (C)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1204		********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 192. DATE OF OPERATION 198. CONDITION FI WAS PERFORMED 212. ACCIDENT WAS UNDERLYING [7]		20A. AUTOPSY? (Yes or No.	208 IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION COLOR	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(il in Boltimore	City, give exoct location)
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) (APPROX.)	216 INJURY OCCURRED While At Work Not While	215. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital) attended	ed the deceased from	3-14-71	9 7/ to 3-	- /6 19 2/
that (1) (we) lost sow the deceased alive of	50%	19 7/ ond the		on deoth occurred on the dot
and hour and fram the causes stated above				
23A, SIGNATURE			2	38, DATE SIGNED
M. Calvisi	DEGREE Phys	nding Med.	Staff Phys.	3-16-21.
23C. PHYSICIAN'S NAME UPOPEL SCER CEORIS	3 2 6 5	3D. ADDRESS	11 7	.11 - M-)
144. BURIAL CREMATION, 248. DATE 240	NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
7 1 2 10 71	ala 4.	11	R	MI
25A. DATE REC'D BY MEANTH DEPT. 25B. NAM	AE OF REGISTRAR	25C, FUNERAL DIRECTOR	en Burnia	ADDRESS
MAR 17 1971 P. R. G & 3a	Ben R.D. D. C.	6000 10/00	Schul.	2101 Frodrick Al
VC 150-PEV 1/1/48			- CIIVED	No.

in a hospital ig cause of d cause; (5) Dece attendance on or to death.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before a state of the sta	1
leath occurred or contributin Indetermined a s in regular deceased pri	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 7. Months: Days Hou Months: Days	
his assistant if a so, if the direct of any kind; (4) t unced death wa tendance on the ed or final dispo	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates of service) SECURITY NO. 219-05-5192 LORRAINE POLOMSKI 804 S.ELLW. CAUSE OF DEATH	OO ATE IN
ner or leture prono lar at	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused deoth.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OF T	100
nief medical examiner a medical examiner. ody burns; (3) A fractur he physician who pron sician was in regular the remains are emball	injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	RED
f medical examiner of medical examiner. y burns; (3) A fractur physician who pronian was in regular e remains are emball	injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

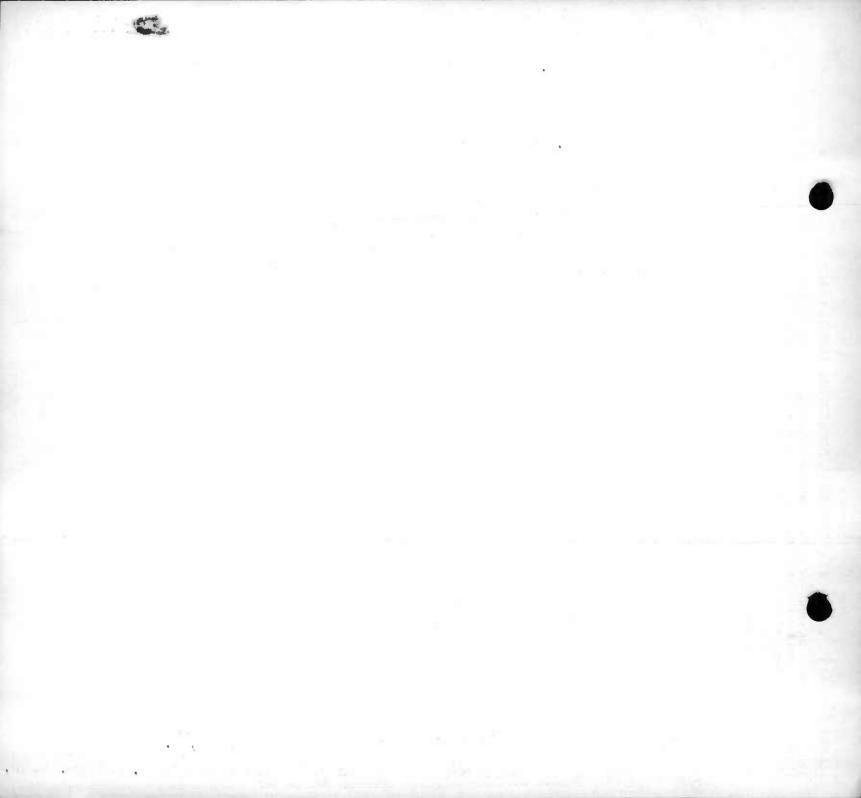


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VS 150-REV. 1/1/68

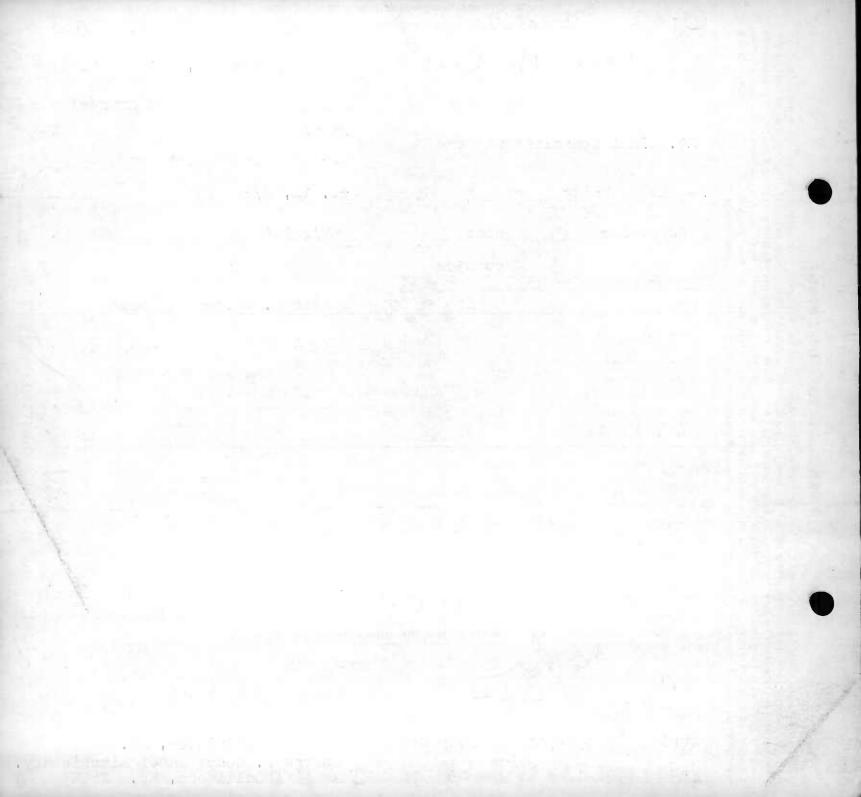


IMPORTANT

FUNERAL DIRECTOR:

	7 - 1 2658	BALTIMORE CITY	HEALTH DEPARTMENT	/	, /
	BIRTH NO. 76-04620		TE OF DEATH	REG. NO.	1 2658 4
	Type or Paul Da Dy Doy ZATOR	3211	TOR SKI 2. DATE	AND HOUR OF DEATH	704
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If in:	stitution: residence before admission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	c, CITY OR TOWN	D. INSI	2544 DE CITY LIMITS?
- 1	871			nore	YES NO
de.	Unio. of Ind. Hosp	7	E. STREET AND NUMBER	GUE AUE	21225
E S	// WILL WIDOWED	DIVORCED	8. DATE OF BIRTH 3-13-71	9. AGE (in years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
sitio	3. FATHER'S NAME		Unio. 90	nd. Hosp.	7/5H
ispo	LUTHER SATORSKI		14. MOTHER'S MAIDEN N	IAME /	N
		OCIAL ECURITY NO.	7. INFORMANT	//	ADDRESS
final		Vone	Luther Zate	orski S	Same
0000	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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٥	heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)		orital deliter of		
E	ANTECEDENT CAUSES	(0)			
9 7	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:	^	******************************
	rise to the above cause (A) stoling the UNDERLYING CONDITION tost.	(c)	REMAIL	JRITY	
remains				***************************************	
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9 3	119A-DATE OF OPERATION 119R CONDITION FOR WHICH	OPERATION	120A AUTOROVA (V	N.V. AAA	
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peuip	[APPROX] While At	Not White	21F. HOW DID II	NJURY OCCUR?	
p	Work	At Work			
0	22. I certify that (I) (this hospital) attended the decentral (I) (we) lost saw the deceased alive on		37/13-71		1 ARCH 13 19 71
9		-0	······································	that in (my) (our) opini	on death occurred on the date
must	and hour and from the causes stated above (1) (We)	(did) (did nat) vie	w the bady after death		
	Lenn to Hoffman	M.D. Attend	ling Med.	Staff 1	23R DATE SIGNED
>	23C. PHYSICIAM'S NAME (Type)	DEGREE Phys.	D. ADDRESS	Phys. 🖾	3-13-71
pro	KENNETH HOFFMAN	144	1) mores	D. A. 1/2	A-1
BAOJddb 24		CEMETERY OF CREA		LOCATION (City	town, or county) (Stote)
		Cross		altimore, Ma	
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REG		25C. FUNERAL DIRECTO)2	
	MAR 1 7 1971 Pale & Jake K	20 00	George J	Gonce 400	

1	7 , 1	(1)	0.50	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTI	- 60 H NO.	0 71	2659	CERTIFICA	TE OF DEATH	REG. NO	71 2659
	ME OF DEC	EASED	nA /	210 11	2. DATE	AND HOUR OF DEATH	
		MARY	101.	LAREY	Ma. USUAL RESIDENCE (WI	rch 14,197	
3. PL	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE B. COL	JN TY	institution; residence before damission)
	L NAME OF	(IF NOT IN HOSP	TTAL OR INSTITU	TION, GIVE STREET	Maryland	Ann	ie Arundel
	TUTION		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Baltimore	D. INS	YES NO X
> N	It. Si	nai Conval	escent	Home	E. STREET AND NUMBER		TES NO LA
0		1102 0011102	0.000110		400 Greenl	and Beach	Road
5. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years Jost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F€	emale	White	WIDOWED	DIVORCED	Oct. 1.2,1.87	6 94	Months Doys Hours Min.
		UPATION (Give kind of working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Jone	House		Hom	6	Virginia		USA
13. F	ATHER'S NA		11041		14. MOTHER'S MAIDEN N		0.511
			Houg	hton			
5. W	as Deceased	Ever in U. S. Armed F	arces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
-	44	(If yes, give war or do		21.4 56 0939	Walter J.	Careu	Same
_	B. 11 =	5 9		CAUSE OF DEATI		carey	APPROXIMATE INTERVAL
	7	SE OR CONDITION I	DIRECTLY		0 0/	0	BETWEEN ONSET AND DEATH
	2.02	LEADING TO DEAT		(A)IMMEDIATE CAU	e ocal +	Coult	201341
		nal mean the made asthenia, etc. Il mean			A CONSEQUENCE OF:	P 1 1 1 0	
		nplicalian which cause		C. A. 1	22 . 12 . 5 .	e caron	e p y o o
		ANTECEDENT CAUS	ES	(B)	xvrosce		
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
		e abave cause (A G CONDITION last.	a stating the	(c)			
1		11			THE RESERVE		
0		FICANT CONDITIONS C					
A I	DISEASE OR C	CONDITION GIVEN IN P.	ART 1 (A).	WHOLL OPEN TON	120 A ALLEO DAVO /V	N. J. OOD IF YES WEST	FINDINGS CONSIDER
E	IYA. DATE OF	F OPERATION 198. CO	ERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21 A. ACCIDE	NT WAS UNDERLYING	☐ 21 B.	PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Baltimo	ore City, give exact location)
_ (OR CONTRIB	UTING CAUSE OF	hom etc.)	e, farm, foctory, street, of	fice bldg., INJURY OCCUR?		
U	21 D. TIME	(Month) (Doy) (Yea	r) (Hour) 21E,	INJURY OCCURRED	21F. HOW DID II	NIURY OCCUR?	
3 6	OF INJURY	11.000		le At Not Whil		NJOKI OCCOK.	1
	(APPROX.)		War		7.	3	114
2	22. I certify	that (1) (this haspit	al) attended th	ne deceased fram	30 (4)	ta	19.4.
1	that (I) (we)) last saw the decea	sed alive an		19and	that in (my) (aur) ap	finlan death accurred an the date
			ated above. (I) (We) (did) (did nat) v	lew the bady after death	le .	1
2	3A. SIGNATU	JRE	1	AHA	nding Med.	Staff	23B. DATE SIGNED
	A	108	1	GEGREE Phys	5. Director	Phys.	13/11/1
2	NAME (Type	L1 1		23D. ADDRESS	(),0	
	76	1	レンナ	DEGREE	0001-	J. Me	me of
24A.	REMOVAL	MATION, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (Stole)
I	Burial	3/1.6/	71	Holy Cross		Baltimore	Md.
		BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	George J.	OR .	001 Ritchie Hgy.
M	MAR 17	1071 22.0	8 Cale	148 0 O	7 6 15 01	Baltimore	
1/5	EN DE VOSA /T/	48	4		2 3		

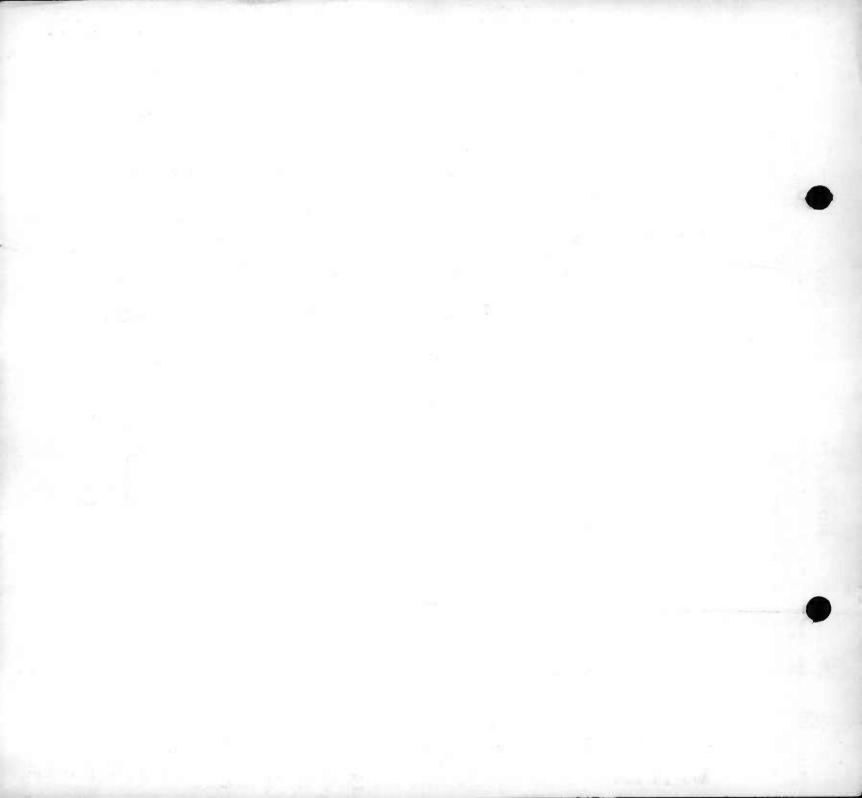


24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Glen Haven Cemetery Ritchie Highway A.A.Ct.Md. Burial 25B. NAME OF REGISTRAR KRAUSE FUNERAL HOME 1216S. CharlesSt. VS 151-REV, 1/1/6B

Town 7 . asia Application and the second sec alstrance in Alled Sandales Emic Abadel annual and the first of the state of the sta

Color of Superior of the American Superior Company of the Action of the

	B-500 71 26	61 BALTIMORE CITY	HEALTH DEPARTMENT		1714	0.00			
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	/1	2601			
1,	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	-				
	TOHN T	BOWEN	MIHRCH		77/1	415 1.			
Ш	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased liked II in	stitutiam resid	ence belare admission			
H	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	C. CITY OR TOWN	ARROL D. INSI	DE CITY LIMIT	5600				
Pi	INTUERSITY OF MARY	WEST WINST E. STREET AND NUMBER	ER	YES 🗌	NO				
		1 Rt. 3, BOX 302E							
	M WIDO	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Manths Days Haurs Min.							
10/	A. USUAL OCCUPATION (Give kind al work 10B. KIN	11. BIRTHPLA QE (State of fareign	n country)	12. CITIZEN	OF WHAT COUNTRY?				
	Electronics	MARYLAND US							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		BOWEN.	MARGARE	T HUGH	155				
(Ye	Was Deceased Ever in U. S. Armed Farces? s,no ar unknown) (If yes, give war or dates of sen	(ice) 16. SOCIAL SECURITY NO.	17. INFORMANT			DDRESS			
		13-03-5393	HOSPITAL	RECO	RDS				
	18. 4 APPROXIMATE INTERVAL								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF:								
	ANTECEDENT CALLERS								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF.								
	rise to the above cause (A) stating the								
	CO								
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
CAT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)								
RTI	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSYZ (Yes or No.)	20B. IF YES, WERE FI	NDINGS COI	NSIDERED TH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (natify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, factory, street, officers.)	or about 21 C. WHERE DID	(II In Ballimore	City, give exc	act location)			
	21D. TIME (Month) (Dayl (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP	- 1				
×	OF INJURY (APPROX)	While At Not While Not Work At Work							
	22. I certify that (!) (this hospital) attended the deceased from MARCIT 12 19 7/ to MARCIT 13 19 7/								
	that (1) (we) lost sow the deceased alive on MA2CH 13 19 1 and that in (my) (our) opinion death occurred on the date								
	and hour and from the causes stated above. (!) (We) (did) (did not) view the body after death.								
	23B. DATE SIGNED								
	William D. Halsbarnen, M. Degree Phys. Director Phys. 123C. PHYSICIANS Med. Director Phys. 123D. ADDRESS.								
	NAME (Type) 23D. ADDRESS								
244	WILLIAM D. HAKKARINEN, MID. DEGREE UNIVERSITY OF MD. HOSPITAL, BALTIMORE, MD.								
/	REMOVAL (Specily)	(3)	AATORY 24D. LOC	ATION (City,	town, or cou				
254	DATE BECO BY WEATHER	Evergreen M.	- TO	Finksbu	и	md			
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	A Que	19/2	DDRESS 01=			
VS 1	150-REV. 1/1/68	300 13 00 1) O	a any mose	un 01411	36%	ar prince			



IMPORTANT

FUNERAL DIRECTOR:

M-320 71	2662		HEALTH DEPARTMEN	Y	71 2662				
1. NAME OF DECEASED	5 10-			E AND HOUR OF DEATH					
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			MARCH 15, 1971 4:55 A.M.						
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission)				
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION ADDRESS OR LOCATION)			MARYLAND C SIX SEIGNA	BALTIMORE	CUNTY 5300				
ST AGNES HOSPIT	AL		XXXXXXXXXXX ARBUTUS YES NO X						
40			E. STREET AND NUMBE	R					
70			1023 DOWN	TON ROAD					
5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.				
MALE WHITE	WIDOWED		06-22-91	lost birthdoy)	Months Doys Hours Min.				
IOA, USUAL OCCUPATION (Give kind of done during most of working life, even if ref	work 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	ired)		WEST WIDS						
Retired 3. FATHER'S NAME			WEST VIRG		USA				
FRANK METZ			THE MICHIER S MINISPER	NAME					
	1.5		Catherine Joyce						
S. Was Deceased Ever in U. S. Arme Yes, no or unknown) (If yes, give wor or	d forces? doles of servicel	SECURITY NO.	17. INFORMANT	RECORD'S BA	ALTIMORE MD 2122				
YES WW1		218 12 2640	ST AGNES	HOSPITAL W	ILVENC C CATON A				
18. 24 XI		CAUSE OF DEATH		HOST HAL W	APPROXIMATE INTERVAL				
DISEASE OR CONDITION	DIRECTLY				BETWEEN ONSET AND DEATH				
LEADING TO DEA	ATH	(A)IMMEDIATE CAU	SE IN Euman		4 days				
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplicolian which caused death.)									
ANTECEDENT CAL	ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:									
rise to the above cause UNDERLYING CONDITION last	(A) staling the	(c)	TOTISEQUENCE OF						
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 19R, WAS U 21A-ACCIDENT WAS UNDERLYIN	PART 1 (A).	****************	**************						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			NO	No. 208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	IG 21& hametc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, aff	or obout 21 C. WHERE DI	(Il In Boltimore	e City, give exoci locotion)				
21D. TIME (Month) (Day) (Y	earl (Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?					
(APPROX.)		e At Not While							
Work L At Work L									
22. I certify that (1) (this hospital) attended the deceased fram MARCH 13, 1971 to MARCH 15, 1971 that (2) (we) lost saw the deceased alive on MARCH 15, 1971 and that in (MYX (our) opinion death occurred on the date									
and hour and from the couses stated above. XIX (We) (did) (d									
23A, SIGNATURE 23B, DATE SIGNED									
Mikaento	m)	Atten Phys.	ding Med. Director	Shaff Phys.	03-15-91)/				
23C. PRYSICIAN'S NAME (Type)		2:	D. ADDRESS	BALTI	MORE MD 21229				
CARLOS V.	Rozento	OM GEGREES	T AGNES HOS						
A. BURIAL CREMATION, 248, DATE	24C.NA	ME of CEMETERY OF CREA		LOCATION (Cit					
DULIUL		Cathedral Cen	netery I	Baltimore, Mar					
SA. DATE REC'D BY HEALTH DEPT.	25B NAME O	9	25C. FUNERAL DIRECT		ADDRESS				
	3 E. Jaber	rea . O . O .	Howard Ho H	Hubbard, 4107	Wilkens Ave. 21229				
S 150-REV. 1/1/6B									

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M-60	71	2663		HEALTH DEPART		REG. NO.	71	2663
BIRTH NO.	0 .11	~000	CERTIFICA	TE OF DE	ATH	KEO. NO		0
Type or Print	ORY,	BER	NARD	7 2	Jate and H	3 - 7/	1	88.
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where de	coosed lived. Il ins	stilution; reside	once before odmission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOG	TAL OR INSTIT	UTION, GIVE STREET	C, CITY OR TOWN		D. INSI	DE CITY LIMIT	553
	,1	1 1	1 1 11		more		YES X	№ 🗌
Lui	theran H	250176	9 40.	E. STREET AND N	/	Pington	1 B10	1
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. A	GE (In years birthdoy)	If Under 1 Months Doy	Yr. If Under 24 Hrs. Hours Min.
		rk 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	tote or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
done during most on Retired	of working life, even if retired)		Orman		Mo m. 1 o			·
13. FATHER'S NA	AME	laveri	owner owner	14. MOTHER'S MA	Marylan WDEN NAME	ıa	J U.	S.A.
	Unknown			Anna	M_{ullet}	Zacic		
lYos, no or unknow	od Ever in U. S. Armod Fo	orces? tes of sorvice)	16. SOCIAL SECURITY NO. 212-32-9943	MR BERNA	KD E M	ORY, 2501	WASHIN	GTON BLVD.
No 18, # #	4 9		CAUSE OF DEATH	CHARI			AF	21230
DISE	ASE OR CONDITION D			(1,7	- hu	1 1 1		ZEN ONSET AND DEATH
(This does	nal mean the mode o		(A) IMMEDIATE CAU		6	to conserve		3 lus.
heart failure	e, asthenia, etc. It mean implication which couse	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF	Fi Lala	the .		
Induly of Co	ANTECEDENT CAUSE		(i. T. 50	1.5	1. 1	10.		4=ato
DISEASES	OR CONDITIONS, if	_	(B) DUE TO, OR AS	A CONSEQUENCE	DF:	allsen	2	VERICS.
rise lo 1	rise to the abave cause (A) stating the							
ONDEKLIIN	G CONDITION 10SL		(c)			***************************************		
OTHER SIGN TO THE DEA V DISEASE OR	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO	ONTRIBUTING						
	CONDITION GIVEN IN PA	RT 1 (A).		1204	w			
U 21A. ACCID	OF OPERATION 198 COI	REPORMED	WHICH OPERATION	20A. AUTOPSY?	IN IN	B. IF YES, WERE FI CERTIFYING CAU	SES OF DEA	NSIDERED [H?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF fy modical examined	21 B. hom etc.	PLACE OF INJURY (e.g., in e, form, factory, street, of	or obout 21 C. WHE	RE DID CCUR?	(If In Baltimore	City, give exc	oct (ocotion)
O 21D. TIME	(Month) (Doy) (Your	(Hourl 21 E.	INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
OF INJURY		Whi	le At Not While	· 🗆 📗				
22. 1 certif	y that (1) (this hospita			3-/3	. 19	7/ to	3-13	10 1/
) last sow the deceas		3-13	19 7	and that in	(my) (our) opin	Ion deoth o	ccurred on the dot
and hour or	nd from the couses sta	ated obove. (1) (We) (did) (did not) vi	lew the body ofte	•			
23A. SIGNAT	URE	0	70				23B. DATE SI	
	Mehhn	9.	DEGREE Phys				3	-13-71.
23C. PHYSICI	PNOEUTA	A.	TOPACIÓ	L WT H	EKAN	130HP.	9	126.
24A. BURIAL CR REMOVAL	EMATION, 248, DATE	24C, N/	ME of CEMETERY OF CRE	MATORY	24D. LOCAT	ION (City	, town, or co	uniyl (Stole)
Burial	3-17-19	71 More	land Mem. Par	k Cemetery	Balti	more Coun	ty, Mar	yland
PAR 17	D BY HEALTH DEPT.	258. NAME C		25C. FUNERAL	DIRECTOR	d, 4107 W	/	ADDRESS
VS 150-REV. 1/1		9.		meware H	nuppa L	u, 410/ W	TIVELIS	AVE. ZIZZ

independing the son patient will be a love of the CHARLE . O-A HE ALL D. L. W. LEE . L. WASHING . I HAVE THE . THE SECOND STREET

 II. 7. 2 8 9 John M. Brot J. M. F. L. J. L. Represent to Kintennia H. 25 15 12 12 1

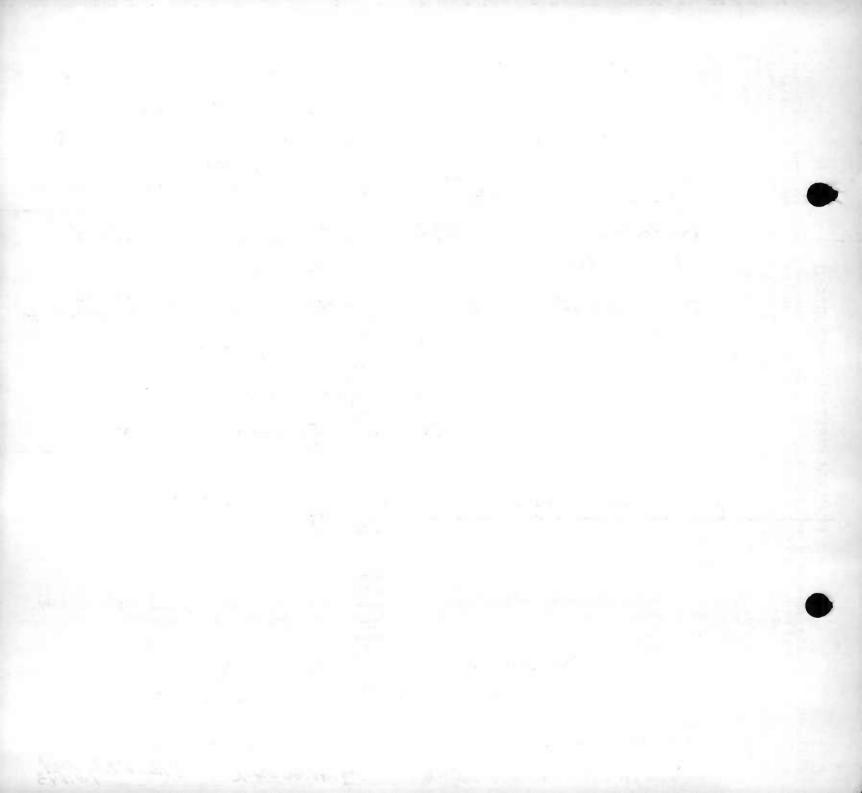
VS 151-REV. 1/1/68

3/8/11 Leiter from Chief Turdical Examener, 3/15/11. Segret by Dr. Isedow MiHALAKIS, ass to Tredical Examener of KINSES " GIST WHENCEN .. MERCHANIC "THURSPORTING WALKER HE WAR CEPHAGES MICHAEL PRATHER 1447 WILLIAM ST

Burnish Bloom Betrimone Commence Boke in one 1820 Kepmeno k. Koczanowski Files

		BALTIMORE CITY	HEALTH DEPARTMENT	1011	2000
	н но. 71 2666	CERTIFICA	TE OF DEATH	REG. NO.	260b
(Тур	AME OF DECEASED DEHN	JOHN F	. 3/13/	1 1125	P.M
3.	LACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN	e deceased lived. If insti TY	tution; residence before admission)
HC	IL NAME OF (IF NOT IN HOSPITAL OR (N SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND.	BALTIM.	ORECITY LIMITS 2
	SOUTH BALTIM	ORF	BALTIMON	25	YES NO
4	3 GENERAL HO	SPITAL	E. STREET AND NUMBER	selle Ave.	. 2534
5. 5	EX M 6. RACE WIDON		9 - 9 6-05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTRY
don	during most of working life, even if restred) St.	teof Meryland	Md.		U.S.A.
13.	John G. Del	m	Lillian	- Vance	
15.	Vas Deceased Ever in U. S. Armed Ferces? ,no or unknown) (If yes, give war or dotes of serv	SECURITY NO.	17. INFORMANT		ADDRESS
(14:	no		53 Nasmi Deh	n 612 Annabe	110 Ava
-	18. 7 4	CAUSE OF DEAT		2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		LOX CLA	1-12	
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE DIABETIC	ACIDOSIS	3
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		
	Injury or complication which caused death.)	XIA	ocess we	11.7/10	Q NO.
	ANTECEDENT CAUSES	(B) D/A/		LLITUS	Jeers,
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	ERIO SCLEROTI	CANDIO VA	SCUIAD QUIA
	UNDERLYING CONDITION lost	(c) ////	LRIU SELERUII	DICCAG	E Sylven
_	11			PISCISSI	
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI				
V	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No	208, IF YES, WERE FIR	NDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	or about 21 C. WHERE DID fice bldg. (NJURY OCCUR?	(IC In Boltimore	City, give exact location)
EDICAL	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
X	OF INJURY (APPROXI	While At Work At Work	•		
	22. I certify that (i) (this hospital) attend	3	112/7/	19 77 ta	31/31 107/
	that (1) (we) last saw the deceased alive	2/12		-	an death occurred an the date
	and hour and from the causes stated above				
	23A. SIGNATURE	ve. (I) (Ne) (ala not) (tew the body after death.		23B. DATE SIGNED
	Harat	Phy	nding Med.	Staff Phys.	3-13-71
	23C. PHYSICIAN'S NAME (Type)	A Droger	23D. ADDRESS	100	A=0 CO-
	HARJIT SIN	GH MD.	3001 S. HAR	YOVER -	STREET
24	BURIAL CREMATION, 248, DATE 24	IC. NAME OF CEMETERY OF CR	MATORY 24D. L	OCATION (City	, lown, or county) (Stotel
	REMOVAL (Specify)	Codan 4:11 C	Be	altimore, Md.	
25	_ 1///// 1.	(edar Hill em			
20	A. DATE REC'D BY HEALTH DEPT. 258, NA	MEOF REGISTRAR	25C. FUNERAL DIRECTOR		Appress Patanac
1		E. Jaben 164		Cully Funera	1 Home Ave.

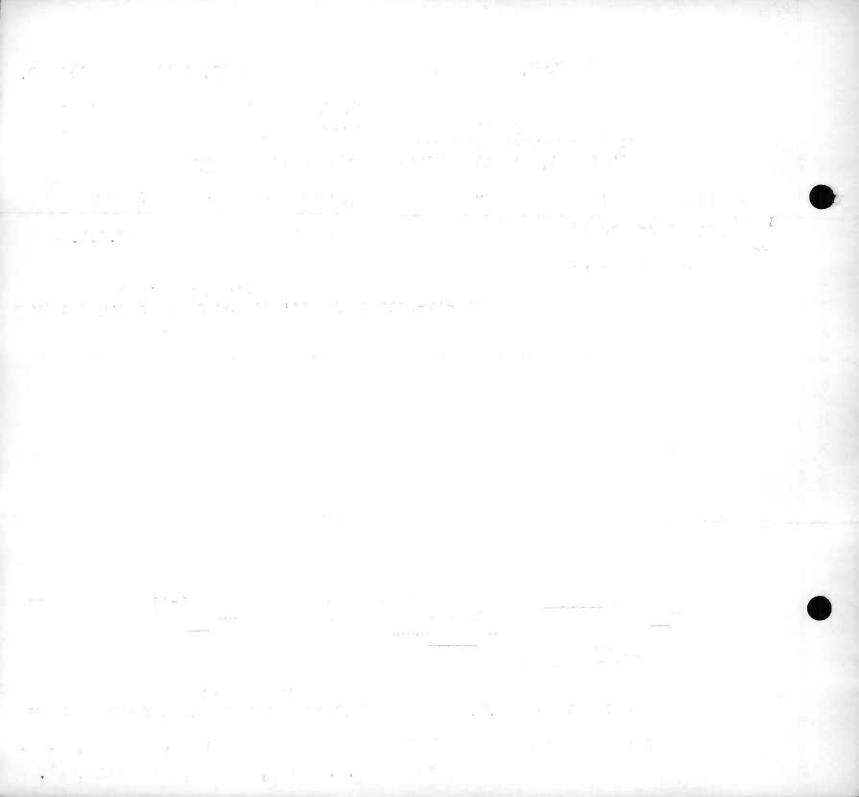
Land State 217-05-3652 PLAT CPR DANGETH PLANES BURNER STREET



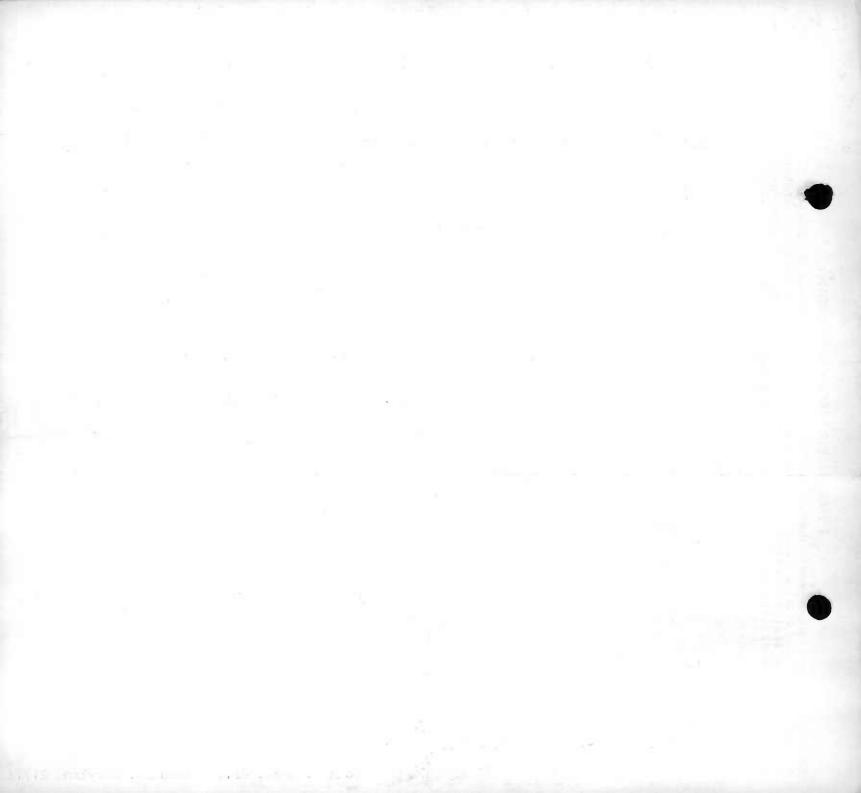
M.	J	M 2 6 3 BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH REG. NO. 71 2668
	and ased the the	I NAME OF DEFEASED
	- B B - N	MAGRUDER, JAMES MC MEVOY MARCH 15, 1971 1:00P
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission a. STATE 8. COUNTY
	hos iuse i; (5) dand	FULL NAME OF HOSMITAL OR INSTITUTION, GIVE STREET MARYLAND BALT I MORE 5300 INSTITUTION INSTITUTION INSTITUTION INSTITUTION IN INSTITUTION
	l in a ng cau cause; attend ior to	ST. AGNES HOSPITAL BALTIMORE YES NO NO
	O L .	19 MONTROSE MANOR CT APT E 21228
4	F 2 0 0	5. SEK 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye., If Under 24 Hrs
U	ath occurre or contribut idetermined in regular deceased p	10A USUAL OCCUPATION (Give kind of working KIND OF BUSINESS OF INDUSTRIES OF INDUSTRIE
	or o	dane during most of working life, even if refired) RETIRED ENGINEER GAS & ELECTRIC CO MARYLAND 12. CITIZEN OF WHAT COUNTRY U.S.A.
	direct of (4) United was un the disposited	13. FATHER'S NAME
ż		GEORGE MAGRUDER CHARLOTTE BRADY MAGRUDER
IMPORTAN	kin dec dec fina	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) Uf yes, give were or dates of service) NONE 16. SOCIAL SECURITY NO. 212-05-6031 ST. AGNES HOSPITAL RECORDS
Od.	or or or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
*	Alion	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (NONIT Rend Hyperter Sion
	iner. A racture pronc ular a	heort failure, asthenio, etc. Il meons the disease, injury or camplication which coused death.) ANTECEDENT CAMPAGE AND CAMPAGE AND CONSEQUENCE OF: With Terminal Uyemia
CTOR	E tr	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
70	S in S	rise to the obove cause (A) sfoling the UNDERLYING CONDITION last. (C)
AL	medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). EIGHT 1005 FINANCIA PORT 1 (A).
FUNER	Bod the ysic	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION YES IN CERTIFYING CAUSES OF DEATH?
ũ.	2 2 2 2	OR CONTRIBUTING CAUSE OF DEATH Inestity medical examined (If In Boltimara City, give exact lacotion)
-	pt v (6)	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not While Work Not Work
4	the x and	22. I certify that (I) (this hospital) attended the deceased from MARCH 5 19 71 to MARCH 15 1971
	00000	that (i) (we) last sow the deceased alive on MARCH 15 1971 and that in (my) (our) opinion death occurred an the date
	dent of dent of cospital death) must be	and haur and fram the causes stated above. (1) (We) (did) (did not) view the body ofter death.
	0 0 2 2 2	Attending Med. Staff 3/15/71
	y was related to the control of the	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BAITO MD 21229
	A A d	DR. S. QUIROZ
	Sody was vs. (1) An D.O.A. a assed pric	REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, lown, or county) (State)
	the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Station Summer State ADDRESS
•		MAR 1 8 19 / 17 Market L. Market M. 936 Edmondson Ave. VS 150-Rev. 1/1/68
		TO THE PLAN IN THE STATE OF THE



>	1401	71 2669 BALTIMORE CITY HEALTH DEPARTMENT CEDITIFICATE OF DEATH REG. NO. 71 2669
	sed the uch	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 12 2503
	an eat eat ase th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	F 9 6 4	SHIPLEY, ROBERT AMON 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admissions)
	10	A. STATE B. COUNTY
	hos use (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND HOWARD 630021043
	l in a hos ng cause cause; (5) attendan ior to de	ST AGNES HOSPITAL C.CITY OR TOWN ELLICOTT CITY YES NO [X]
	ri at ioi	CATON & WILKENS AVENUES E. STREET AND NUMBER
	0 = -	BALTIMORE, MARYLAND 21229 2889 ROSEMAR DRIVE
	- B - B B	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors lost birthdoy) Months; Doys; Hours; Min.
	occur ontrik ermir regul sased is ma	MALE WHITE WIDOWEDLY DIVORCED 09/22/18/79 91 5:21
		GO DO Working Most of working life, even if refined)
	dea or Und us d	FARMER/CARPENTER MARYLAND U.S.A.
. :	if death rect or c (4) Undet was in the dece	TO MOTHER'S MAIDEN NAME
Z	dir dis	JOHN W SHIPLEY Eliza Shipley 15. Wos Deceased Eyer In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
A	- 0 - 0 -	(16 s, no or unknown) (17 yes, give wor of dotes of service) SECURITY No. BALTO MD 21229
K	S + - = ==	NO P18-12-6533 ST AGNES RECORDS CATON & WILKENS AVE
Ď.	N DUE	DISEASE OF CONDITION DIRECTLY
Z.	A 0 3 4 9	LEADING TO DEATH CAMMEDIATE CAUSE Cereberal Vascular Accident
		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury ar camplication which caused deoth.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE Cereberal Vascular Accident. DUE TO, OR AS A CONSEQUENCE OF: (B) (A) IMMEDIATE CAUSE Cereberal Vascular Accident. (A) IMMEDIATE CAUSE Cereberal Vascular Accident. (B) (B)
CTOR:	3 6 0 3 5	injury or complication which caused deoth.) ANTECEDENT CAUSES UCVA 21 Melanssancomo 3) Complete
5	A fr Who reg	
LLE	(3) (3) sar	the convergence of the convergen
<u>점</u> .	- U	UNDERLYING CONDITION last. (c) HEAVE Clock.
AL.	medical ledical burns; hysicic n was remair	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
	nief medical a medical ody burns; ne physicia sician was the remain	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	Chie Bod Bod the the the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	he ch (2) Bo re th phys fore t	
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. INJURY OCCUR?
	hospita hospita lature; pt whe (6) No ined be	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	họ họ nat nat (6pt	OF INJURY (APPROX.) Victor Close Close
	proved by the hospi ny nature except w and (6) ?	22. I certify that (1) (this hospital) attended the deceased from 2 - 11 - 10 71 to 3 = 13
	0 0 0	that ()) (we) lost sow the deceased alive on 3-11- 1971 and that in (in) (our) opinion death accurred an the date
		and haur and fram the causes stated above. (1) (We) (did) (Mix) view the bady after death.
•		23A- SIGNATURE
	a to h	Attending Med. Director Phys. 3.13.71
	at at at rov	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTO MD 21229
:	certificat body was vs. (1) An D.O.A. at assed pric	LARIO MAHMOOD M.D. DECENS ST AGNES HOSPITAL CATON & WILKENS AVE
•	4 y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL (Specily) (Stole)
	This cert the body shows: (1 was D.O. deceased written o	Burial 3/17/71 Brandenburg Berrett, Carroll, Co. Md.
i	This certificate mu the body was rele shows: (1) An accid was D.O.A. at a ha deceased prior to written approval	MAR 18 1971 Page En Jacker Co. M. Weltz, Box 326, Sykesville, Mdl
		VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



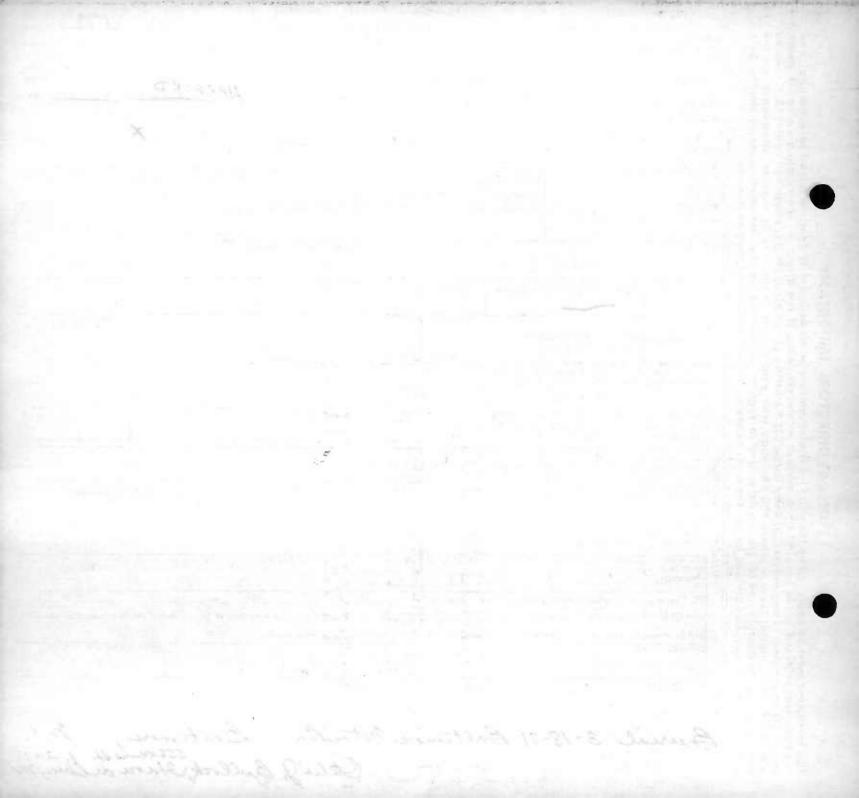
shows: MOS

VS 150-REV. 1/1/68

Such

L0

of death



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

6:35 P. M.

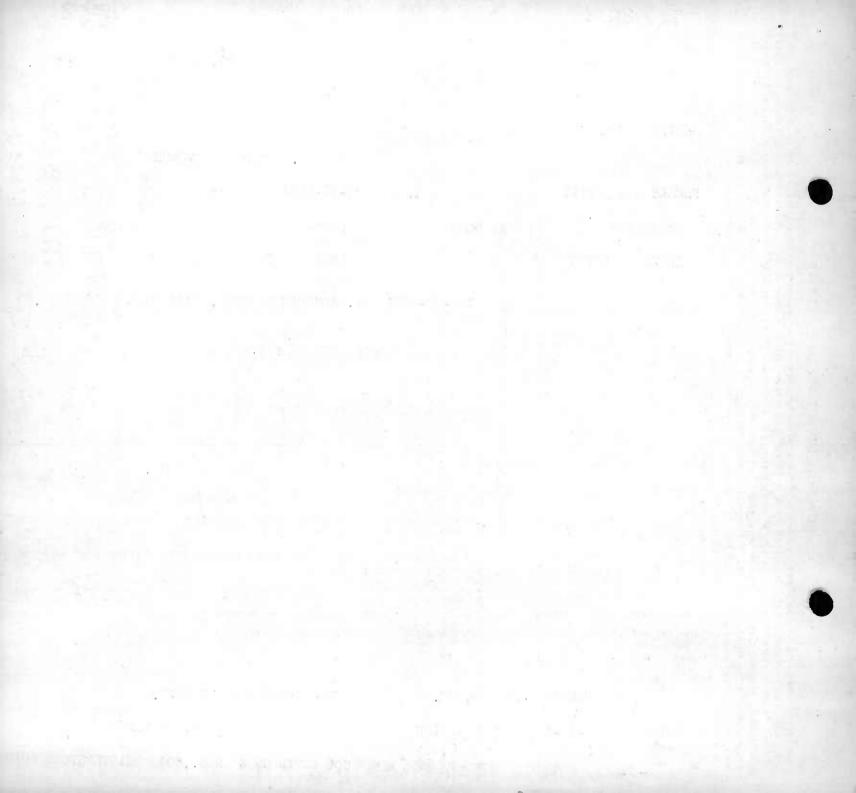
tf Under 24 Hrs.

NO

ADDRESS

APPROXIMATE INTERVAL

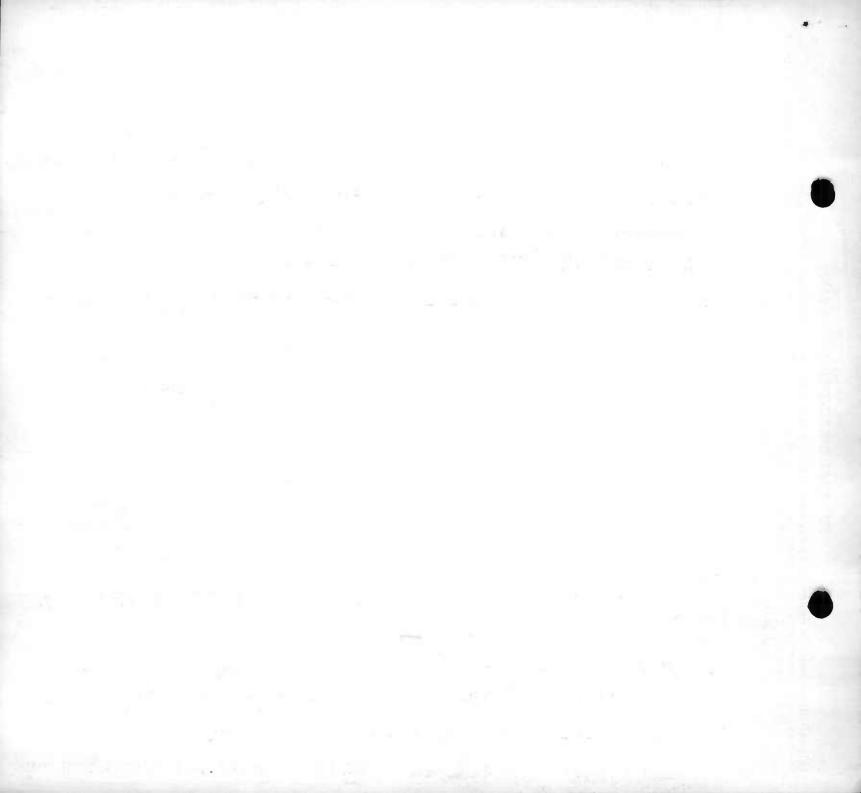
BETWEEN ONSET AND DEATH



IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

NO

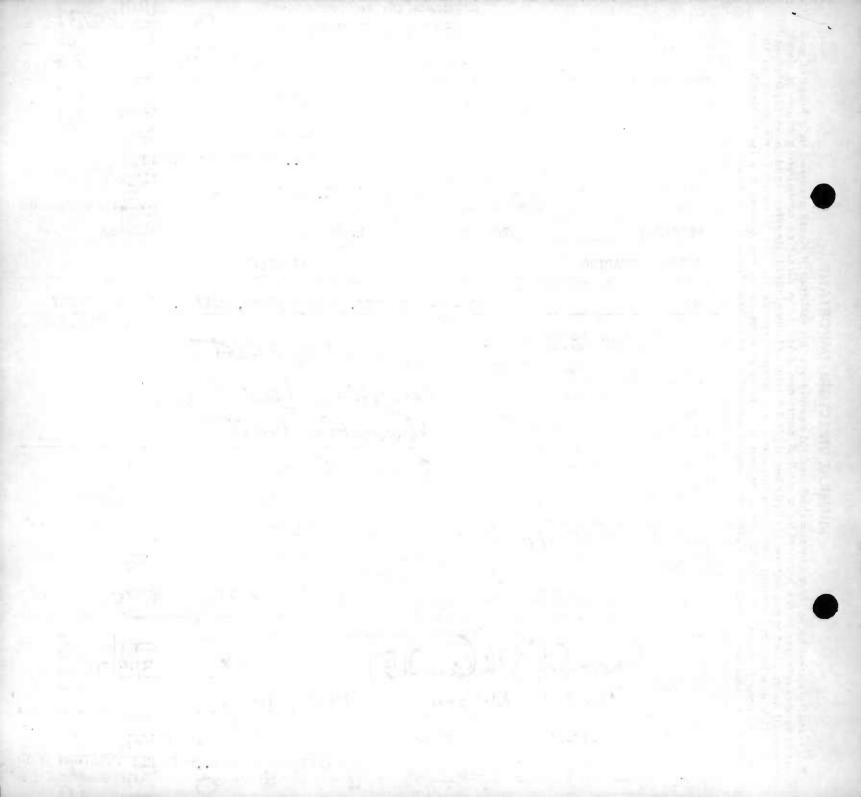
Hours

If Under 24 Hrs.

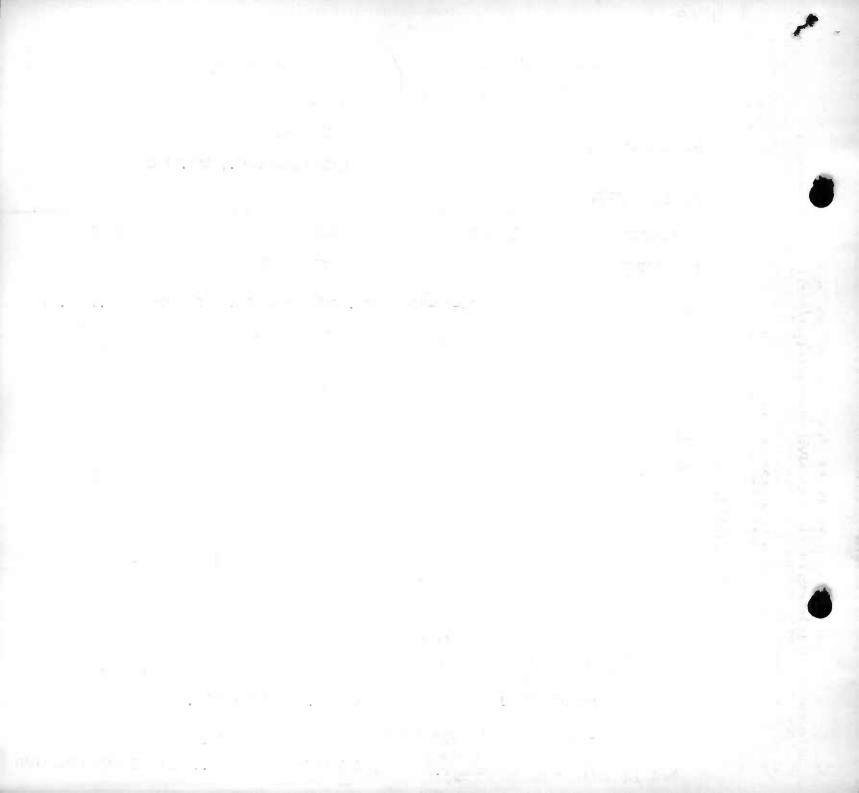
(Stole)

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

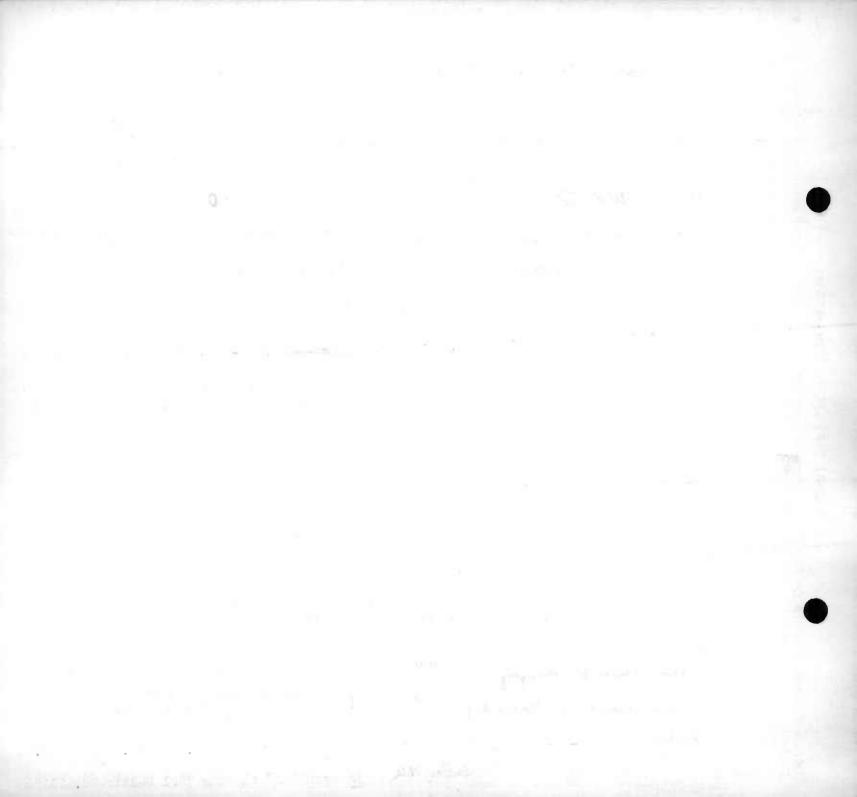
0	1100		BALTIMORE CITY	HEALTH DEPARTMENT		ru O-mn	
BIR	TH NO. 71 2676		CERTIFICA	TE OF DEATH	REG. NO	71 26/6	
	Se of Prints SAMUE	EL S	SHAPIRO	2, DATE	3-14-71	1 8 P. M.	
3. 1	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If i	institution: residence before admission)	
HD	LL NAME OF GIF NOT IN HOSPITAL DR ADDRESS OR LOCA	L OR INSTITUTION)	THON, GIVE STREET	MARY LAND	In IN	5IDE CITY LIMITS?	
3	7 MERCY			BALTIMORE E. STREET AND NUMBER		YES NO	
					ADISON XX ST	REET	
5. 5	00 0 1 1	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	H Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.	
1	MALE WHITE	WIDOWED [DIVORCED	MAY 22, 1903	67		
	USUAL OCCUPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	o during most of working life, even If reffred) MERCHANT	CROC	ERY	LITHUANIA		USA	
Jo :	FATHER'S NAME			14. MOTHER'S MAIDEN N			
	SOLOMON SHAPIRO			CHAI GI	TTEL		
5.	Was Deceased Ever in U. S. Anned Force, no or unknown) (If yes, give war er detes	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO	of services	216-24-6091	MRS. RUTH SHAP	IRO, 2212 E.	MADISON STREET	
	18. 3 9 9 VI		CAUSE OF DEAT			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIR	ECTLY		1 1.	4	SETWEEN ONSET AND DEATH	
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Caracac a	rest		
	This does not mean the mode of heart failure, asthenia, etc. It means		DUE TO, OR AS				
	injury or complication which caused	qeath")		extive heart failure			
	ANTECEDENT CAUSES		agual				
	DISEASES OR CONDITIONS. If a	ISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A C					
	rise to the above cause (A) UNDERLYING CONDITION last.		(c) Rheu	matre he	art		
	11						
Z O	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING	1.4	noseleros			
F	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	aryc				
ERTIFICATION	19A. DATE OF OPERATION 19E CONE	OTTION FOR V	VHICH OPERATION	20A-AUTOPSY? (Yes of	No. 208 IF YES WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. hometc.	e, form, factory, street, of	n or about 21 C. WHERE DID fice bidg, INJURY OCCUR?	(If In Boltimo	ore City, give exact location)	
EDIC	21 D. TIME (Month) (Day) (Year)	(Hous) 21E	INJURY OCCURRED	21f. HOW DID II	NJURY OCCUR?		
ž	OF INJURY IAPPROXJ		le At Not While	·n			
		Wor		3 - //	-7	2 777	
	22. I certify that (1) (shie hospital)		ne deceased from	27	_19/_to	3-14 1971	
	that (1) (we) last saw the decease				•	olnian death accurred on the date	
	ond haur and fram the causes state	ed above. H	(Wet (did) (did not) v	lew the body after death	le le		
	23A. SIGNATURE	2	7/1-	\		238 DATE SIGNED	
	then	11/11	levina 1	nding Med.	Staff Phys.	3/14/71	
	23C.PHYSICIAN'S NAME (Type)	7000	CONTROL 18	28D. ADDRESS	111/01	14:11	
	NAME (Type) David	L. Ma	-Cann	Mercy }	tosa		
24/	REMOVAL (Specify) 248. DATE	24C. N/	ME of CEMETERY of CRI	MATORY 124D.	LOCATION I	City, town, or county) (State)	
		HET	BREW FRIENDSHI		4	DVI AND	
25	BURIAL 3-17-71 A. DATE REC'D BY HEALTH DEPT.	258. NAME C		IZSC FUNERAL DIRECTO	ALTIMORE, MA	ADDRESS ADDRESS	
231				SOL LEVINSON	& BROS.,60	10 REISTERSTOWN ROAD	
L_		aveil C	JaiBer M.D.	10 4 2 1	1		
Λ2	150-REV. 1/1/68		and the same of th	Sing 4 3	at the same of the		



L	100		BALTIMORE CITY	HEALTH DEPARTMENT	/ REG. NO. 71 2677
BIRT	TH NO. 71	2677	CERTIFICA	TE OF DEATH	reg, No. 71 2677
	AME OF DECE			2. DATE AND HOU	
			ELLA	3-16-5	7/ 10:55P M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	THERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceo	sed lived. If institution: residence before admission)
FUL	L NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	MARYLAND Balto.	5300
INS	SMITAL OR	ADDRESS OR LOCA	ATION	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
1	0-114 - 110	an Total		BALTIMORE	YES NO
	SINAI HO	SPITAL		E. STREET AND NUMBER	1.Dm 1.C
5. S	EV	6. RACE	17	6920 MARSUE DR.	
J. J	-^		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.
104	FEMALE	WHITE	WIDOWED DIVORCED DIVORCED WIDOWED WITH DIVORCED WITH DIVOR	80	
done	during most of w	orking life, even if retired)	STOR KIND OF BOSINESS OR INDUSTRI		
	HOUSEW		AT HOME	RUSSIA	USA''
13. F	ATHER'S NAM	ΛE.		14. MOTHER'S MAIDEN NAME	
	? LIP	PMAN		MARY ?	
15. V (Yes,	Vas Deceased I	Ever in U.S. Armed For Ilf yes, give war ar date	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO		213-10-3262D	MRS. IRENE SHIFREN,	6920 MARSUE DR., APT. 1C
_	18. / 2	114-1	CAUSE OF DEAT	l	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY	CEPERRAL WASON	BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A)IMMEDIATE CAL	CEREBRAL VASOU ISE / A CONSEQUENCE OF:	JECHDEN, Sdays
	heart failure, a	ol mean the mode at osthenia, etc. It means	the disease. DUE TO, OR AS	A CONSEQUENCE OF:	######################################
	injury or comp	olication which caused		rtenvoclorons	
	Al	NTECEDENT CAUSES			
		R CONDITIONS, II	any, giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
		abave cause (A) CONDITION last.	(C)		
		11		,	
NO	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING C	Canoma 11 5	cal 34m
4	DISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PAR	T 1 (A).		
F	19A. DATE OF	OPERATION 198 CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. I	F YES, WERE FINDINGS CONSIDERED
ER	21A. ACCIDENT	T WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	as about 21 C. WHERE DID	After Bullium Charles
	OR CONTRIBUT	ING CAUSE OF	home, farm, factory, street, a	fice bidg., INJURY OCCUR?	(If in Baltimare City, give exact lacation)
2		medical examined			
MEL	OF INJURY	(Manth) (Doy) (Year)		21F. HOW DID INJURY OC	CUR?
	(APPROX.)		While At Not While Wark At Wark	· 🗆	2/1/
	22. I certify t	that (I) (this hospital) attended the deceased fram	3/16 19	ta
1	that (1) (we) 1	last saw the decease	ed alive an 3/16/71	19and that in (m	y) (6)4) opinian death occurred an the date
	and haur and	from the causes stat	ted above. (1) (We) (dfd) (dld nat) v	lew the bady after death.	
23A. SIGNATURE 23B. DATE SIGNET					
Atten Attan Phys.				nding Med. Staff Phys.	3/17/71
	23C. PHYSICIAN NAME (Typ	7'S	DEGREE	23D. ADDRESS	
MILTON KIRS#H				4000 W. NORTHERN	PKWY.
		MILTUN			
24A	BURIAL CREM	ATION, 248, DATE	24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION	N (City, town, or county) (Stote)
24A.	BURIAL CREM	AATION, 248. DATE	24C. NAME of CEMETERY OF CR		
	BURIAL CREM REMOVAL (Sp BURIAL	ATION, 248, DATE	24C, NAME of CEMETERY OF CR	BALTIMO	RE, MARYLAND
	BURIAL CREM REMOVAL (Sp BURIAL	3-17-71	24C. NAME OF CEMETERY OF CRI HEBREW FRIENDSHI	BALTIMO	

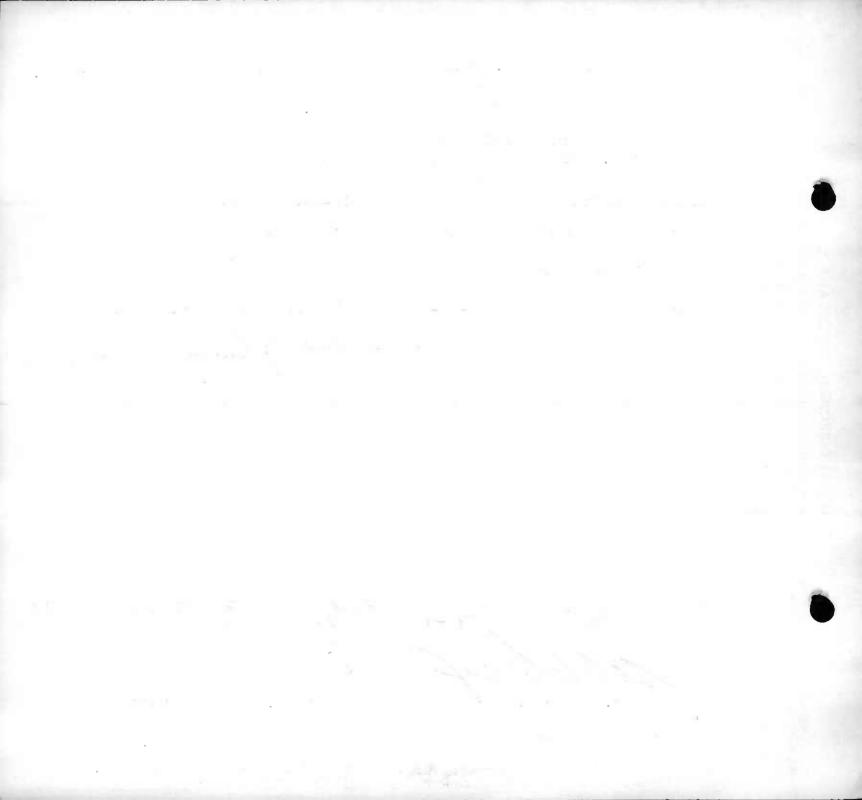


	BALTIMORE CITY	Y HEALTH DEPARTMENT	, , , ,	M Damo
BIRTH NO. 71 2678	CERTIFICA	TE OF DEATH	REG. NO.	1 2678
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
FREDERICK	ERRKIANN	3 -		1 2:27 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OF LOCATION	R INSTITUTION, GIVE STREET	MARYLAND BOI	40	I 4 / 1
INSTITUTION		C. CITY OR TOWN		E CITY LIMITS?
CHUPCH HOME +	HOSPITAL	BALTIMORE		YES NO
35		E. STREET AND NUMBER	4.004	
		8001 Pul	ASKI HIGH	WAY
	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 His Manths Doys Hours Min.
H WHITE WIL	OOWED DIVORCED	1 01-31-11	00	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, 1 done during most of working life, even if reflect)	AND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTR
0 = 6:0	LF EMPLOYED	MARYCAND		AMERICA CU:
13. FATHER'S NAME	LI LUITLUITU	14. MOTHER'S MAIDEN NAM		AFICEICHTU
EDVARD S. HERMAN	u	Accessors to the control of the cont		
			LASTER	
5. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown) (If yes, give wor or doles of s		17. INFORMANT		ADDRESS
NO	218-26 1626	AMELIA HEPR	MANN	SAME
18. 4/0,71	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	Υ			BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	SE CARDIAC ACU	JE M409	FRDIAC INDEFIHITE
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	0.0		HEARCHION	
injury ar camplication which caused death	.)	CAR	DIOGENIC SHE	CIC - FEW HRS.
ANTECEDENT CAUSES	ARTE	RIOSCIEPOTIC VEN	IT. FIBRICIATI	-
DISEASES OR CONDITIONS, if any,	civing DUE TO, OR AS	A CONSEQUENCE OF:	ART DISER	IN DEPINITE
rise to the above cause (A) stating	g the			
UNDERLYING CONDITION last.	(c)	************************	******************	**********************
z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM TO THE T	ATALA1			
DISEASE OR CONDITION GIVEN IN PART 1 (A)		***************************************		
19A-DATE OF OPERATION 19B CONDITION WAS PERFORME	D OF WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF TES, WERE FIN	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING				LS OF DEATH!
LOG CONTRIBUTION CONTRIBUTION	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, aff	or about 21C. WHERE DID	(It in Boltimore C	lity, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Manih) (Doy) (Year) (Hau	The state of the s	21 F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Work			
22 1	111 11016			
22. I certify that (i) (this hospital) atter			71 ta 3-	W 1971
that (i) (we) lost sow the deceased ally		19 71 and that	in (my) (our) opinio	n deoth occurred on the dot
ond hour and from the causes stated abo	ave. (1) (We) (did) (did nat) vi	ew the body after death.		
23A. SIGNATURE			23	B. DATE SIGNED
Mrs. Elma V manga		ding Med. Ste	off. D	3-15-71
23C.PHTSICIAN'S	DEGREE	D. ADDRESS		
NAME (Type)	MA	CHURCH	HOVIE ++	tos PITAL
MA . ELENA V . MA ;	DEGREE	100 H. Bluf Dus	44 BALTO.	MANY CAH D lown, or county) (Stote)
KEMOVAL (Specify)	24C. NAME of CEMETERT OF CREA	AATORY 24D. LOC	ATION (City.	lown, or county) (Stote)
Burial 3-18-71	Oak Lawn Cemetery	Footo		
SA. DATE REC'D ST HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	rn Ave. Ba	LTO Md
MAR 18 1971 Des				WDD KF27
MINIT TO 1011 Dost	E. Jaber, MA	Dessahn Funeral	TT ml an	ADDRESS

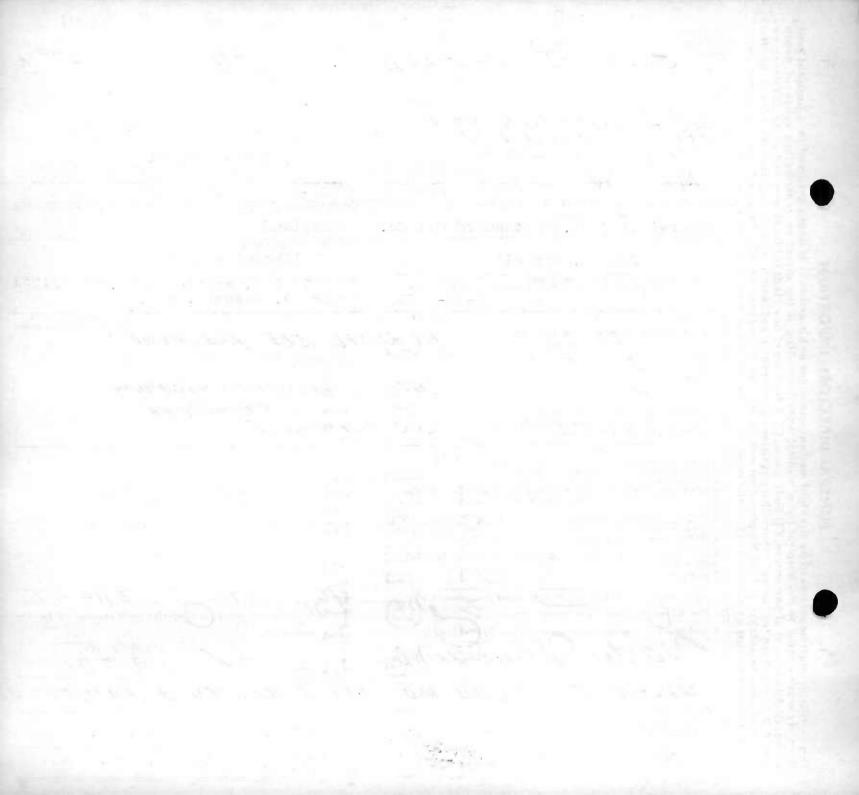


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalanced.

71 2679 CEDITIEIC	TY HEALTH DEPARTMENT ATE OF DEATH REG. NO. 71 2679
BIRTH NO. 1. NAME OF DECEASED	ALL OF DEATH
(Type or Pant) ANTHONY M. WOLZ	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 13, 1971 4:30 a. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission a state at the county
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md., 21218 2759 c. CITY ORTOWN D. INSIDE CITY LIMITS?
() () 4402 Marble Hall Road	Baltimore YES NO
Apt. 292	4402 Marble Hall Road
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hr. Months: Days Hours Min.
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	1/4/1904 67 Y 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTR
Foreman Standard Sanita ry Co	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Wolz	Theresa Stregel
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) \$ECURITY NO.	17. INFORMANT ADDRESS
no 213-01-4639A	Elizabeth Boon Wolz, wife, above
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COM	Conome v) Long BETWEEN ONSET AND DEAT
Inis goes not mean the mode of dving, e.g., \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	USE This This This This This This This This
heort failure, osthenio, etc. It meons the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
nise to the obove cause (A) stoting the UNDERLYING CONDITION tost. (C)	
li li	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994- DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes of Noll 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
The contract of Industria	In or about 21C. WHERE DID (If In Baltimore City, give exact location)
Q 210-TIME (Month) (Day) (Year) (Hourd 215 INTURY OCCURRED	215 MOW DID INTURY OF COMP
(APPROX!	21F. HOW DID INJURY OCCUR?
Work L.J At Work	
22. I certify that (1) (this hospital) attended the deceased from	2/30 19 57 10 3 - 19 7/
and hour and from the couses stated above (1) (We) (did) (did not)	ond that in (my) (our) opinion death occurred on the dat
23A. SIGNATURE	/iew the body ofter deoth. 23 B, DATE SIGNED
AMM AMM	ending (SC) Med. Staff
DEGREE	s. Director Phys. 23D. ADDRESS
Dr. Wyman K. Word	40 S. Dundalk Avenue
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, fown, or county) (Stole)
Burial 3/16/71 Oak Lawn Ceme	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunek Funeral Home, Inc.
VS 150-REV, 1/1/68	Ol 23331 Brehms Lane



VS 150-REV. 1/1/68



DATE OF THE COLUMN	TENER TO DET MIN							
MEDICAL EXAMINER'S	CERTIFIC	CATE	OF	DEATH	REG. NO	71	268	7797
atherine	DATE	Known		Month	Day	Year	[Maur	-

H516	71 2681 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO. 71 2681
H31	1. NAME OF DECEASED Katherine OF MYRTLE HAMPER OF DEATH Estimated Corporation State Corporation Corpor	Doy Yeor Hour
33	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE Month PRONOUNCED DEAD 3. DATE PRONOUNCED DEAD 3	13 1971 2:25 p _M .
19	Johns Hopkins Hospital (DOA) Ma.	COUNTY 2643
	female New Properties Street and Number	YES NO
	9/25/06 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	Lyndale Ave.
	Maryland What COUNTRY? Howard Waggner 14A-USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	done during most of working life, even if retired) HOUSEWIFE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown)((if yes, give wor or dotes of service) 18. INFORMANT (SECURITY NO.)	ADDRESS 21206
	216-24-0629 Earl Hamper, son, 5 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. It meons the diseose, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A): 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	228. PLACE OF INJURY (e.g., in or obout 122C. WHERE DID (If in Boltimore Contribution of Contr	yes (ity, give exact location)
	UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
	I certify that I held an Inquiry Inspection Autopsy ond that on this basis, de resulted from: Notyfal causes Accident Suicide Homicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Isidore Mihala kis, M.D. Autopsy ond that on this basis, de resulted Minacide Monicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER ON THE RESULT OF THE PROPERTY OF THE PROPE	d monner D
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	(City, town, or county) (Stote) ORE, Md.
	MAR 18 1971 Robert E. Jaben 18 25C. FUNERAL DIRECTOR SCH I MUNER Funera 3331 Brehms L.	l Home, Inc. ane

17.4	268	2			BALTIMORE CITY HE						
11	200	MED	ICA	L E)	(AMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	71	2882
I. NAME OF DE	CEASED										
(Type or Print)	CEASED		homa		227	2. DATE OF	Known 🗷	Month J		Year	Hour
4. PLACE IN BA	LTIMORE. MA	WILLIA	TAT PH	FILL	JIN DEAD	DEATH 3. DATE	Estimated	3000	27	1971	Α
FULL NAME OF	(IF NO	T IN HOSPITA	AL OR INS		ON, GIVE STREET		UNCED DEAD	Month March	Day	1971	9:30 P.
OR WHITE	ADDRI	ESS OR LOCA	TION)	EN	IDED	C LICITAL	RESIDENCE (When				
ELLIE	ICA	345 Pur	due	Str	eet 9/1964	A. STATE	CESIDEIACE (When		B. COUNTY	: residence	before admission)
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31				-	NEVER MARRIED	C. CITT O	CIOWN		D. INSIDE CI		
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		lost birthda	y)		Days Haurs Min.	E. SIREEI					
11. BIRTHPLACE		3 country)	4	12 6	TIZEN OF	13. FATHER	5005 Sc	haub Av	renue		
					HAT COUNTRY?	13. FAIRE	3 NAME				
144 HISHAL OCC	imore.	e kind of work	LAR KINI	OFR	USINESS OR INDUSTR	A MOTH	Thomas	E. S	henton		
ague auring mast of	warking lile, ev	en It refired)				13. MOIN	Agnes		cki		
Recreu:	Lting	Sat	FORCE!	S. F	IT. SOCIAL	18. INFOR	ar'	GULAI			
(Yes, na or unknown	(If yes, give v	var ar dates	of service)	SECURITY NO.					DDRESS	
19.) / /				21	5-30-5423	Rose	RodriGu	ez Sh	enton.		
4/3	71				CAUSE OF DEA	ГН					PPROXIMATE INTERVAL VEEN ONSET AND DEAT
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heart failure	not mean the e, asthenia, etc. mplication whice	. It means the	diseose,		DUE TO, OR	S A CONSEC	UENCE OF:				
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	NTECEDENT		CHANC		(B) DUE TO, OR	16 1 601165					
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Z ONDEXLI	NG CONDITI	ON LASI.			(c)						*****************
OTHER SIGN TO THE DE DISEASE OF D	HEICANT CON	II	AL PRIORIE								
TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL							
20A. DATE O	F OPERATION	J 120B. CON	IDITION	EOP V	WHICH OPERATION WA	C DEDECOR	r.C.				
8 2			DINOIT	·OK	INCH OFERALION WA	S PERFORM	(ED				PSY? (Yes ar Na)
₹ 22A. FXTER	NAL CAUSE	WAS		228 DI	ACE OF INITIDAL		26 Willens on	44			es
UNDERIVING	OR CONT	TRIB-		hame,	ACE OF INJURY (e.g., farm, foctory, street, affice	bldg., etc.)	NJURY OCCUR?	(It in Baltimare	a City, give exa	it lacotian)	
UTING CA	USE OF DEA	TH. (Year	(1)	1 221	LALLILLAY OCCUPATION		00 110111				
OF INJURY	(Monny (D	uy) (lear) (Havi	-	ILE AT NOT	WHILE -	2F. HOW DID IN	JURY OCCU	R?		
23.				m. WC	ORK AT W						
	ify that I he	eld on Pr	quiry [7	Inspection Au	TY	and sheet on al	ala baata d	1		
	ted from: N		-				and that on the		_	_	
16301	Ted from: It	n /	105 121	AC	cident Suicid				ed monner L	ال	
ACTUAL	(1)	20 K	2)		Lines		CHIEF MEDICAL E		\		DATE SIGNED
SIGNAT		hanles	C	Cmad	M.D.		STANT MEDICAL E		X	-1- 7	1071
EXAMIN NAME (Type)	martes	D. 1	phr.	ngate, M.D.	ASSC	CIATE MEDICAL E	XAMINER	_ Mar	ch 7,	19/1
24A, BURIAL CRE	MATION. 2	4B. DATE		24C	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town	or caunty)	(Stote)
REMOVAL (Spec Buria		3/15/	71								(Stole)
25A. DATE REC'D					lington Na				ton, Va		
MAR	1 9 107			-	Ben 26 A.	S	UNERAL DIRECTO Chimunek	Fune:	ral Ho	me, In	c.
IIICH)	T 0 131	1 000	م مله	Agr				hms L		,	ilign
VS 151-REV. 1/1/6	3		7	1		0	0 1				

9/13/71 - Letter from Office of Chief Medical Examiner.

Age.

Letter from M.E.

5-13-71

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Deceased

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	ru 9002		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	71 2683		CERTIFICA	TE OF DEATH	REG. NO	71 2683
(Type or Prin	DECEASED		_	2. DATE A	ND HOUR OF DEATH	0.1-
3 PLACE II	John V.	Frocha	ska		3/11/71	8=40 A. M
	A PACIFICACE MARIEMAN, M	HERE PRONO	UNCED DEAD	A. STATE B. COU	ere deceased lived. If in: NTY	stitution: residence before odmission)
FULL NAM HOSPITAL INSTITUTION	OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	ID INICI	DE CITY LIMITS?
00	Bolton Hil	1 Contro	J Home	Balto.	D. 114316	YES TE NO
70	2020011 1123	T 001146	L. Home	E. STREET AND NUMBER 719 N. Linw	rood Ave. Ba	lto., Md. 21205
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
M	W	WIDOWED	DIVORCED	2/27/03	lost birthdoyl	Months Doys Hous Min.
done during m	OCCUPATION (Give kind of work ost of working tife, even if selired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or for	eign countryl	12. CITIZEN OF WHAT COUNTRY
	chman	Grief	Clothiers	Czech.		II C
13. FATHER'	NAME			14. MOTHER'S MAIDEN NA	ME	U.S.
	-			-		
(Yes, no or uni	eased Ever in U.S. Armed Fore known! (If yes, give wor at dole:	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS
no			213-09-5563	Mrs. Anna Pro	chaska (wife	same address
18.	60.91		CAUSE OF DEATH		(11220	APPROXIMATE INTERVAL
D	ISEASE OR CONDITION DIR	ECTLY		+ nB		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	fermual /	emmone	3 Lange
heor to	pes nal mean the mode of iture, asthenia, etc. It means complication which caused	the disease.		A CONSEQUENCE OF:	***********************	
	ANTECEDENT CAUSES		A.S.	C. P. Di	want	
DISEASI	S OR CONDITIONS, if	Inv civing	(B) DUE TO, OR AS	A CONSEQUENCE OF		
nse lo	the obove couse (A) YING CONDITION last.	sloling the	(c) Ale	ofele he	ellike.	7
7	11			1 2		
	GNIFICANT CONDITIONS CON DEATH BUT NOT RELATED TO TH OR CONDITION GIVEN IN PART	E TERMINAL	16	The Blive	de	3 yr
19A. DAT	E OF OPERATION 19B. CONE WAS PERF	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes of N	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
. OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	21 B. hame etc.)	e, tarm, toctory, street, all	of about 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
0 21D. TIM	E (Month) (Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	Hay Occurs	
IAPPROX.			e At Not While		OKI OCCOK!	
22. I cer	tify that (1) (this haspital)	attended th	e deceased from	12/8	19 76 ta	2/9 197/
	(we) last saw the deceased		2/9	101		an death occurred an the date
	r and fram the causes state		(We) (did) (did not) ul	and the second s	intmy, taut, apini	un usum occurred an the date
23A. SIGN	ATURE A	1) 1	// (514) (414 1141) VI	an the bady after death.		23B, DATE SIGNED
20.6	Joseph	1.10	Hum begree Phys.	ding Med.	Staff Phys.	3/12/71
23C.PHYS	AE IType)		2:	3D. ADDRESS		
	Dr. Joseph	Blum	GEGREE	1115 N. Ca	alvert Street	
24A. BURIAL	CREMATION, 248. DATE		ME OF CEMETERY OF CREA		TAGE O DOLEGO	

(Stote) Cemetery bar 25C. EUNERAL DIRECTOR Schimunek Funer Dane, buri Holy Redeemer a 258 NAME OF 3331 Brehms Home, Inc., uneral Balto VS 150-REV. 1/1/68

manufacture of the same John P. Stermer St. 17. 18.

	RTH NO. 71 2584		TE OF DEATH	REG. NO.	71 2684
	NAME OF DECEASED	CERTIFICA		_	
	pe or Print)	Ello Ello I		ND HOUR OF DEAT	•••
3.	PLACE IN BALTIMORE, MARYLAND, WHER	EUGENIA AILEEN	MAR	CH 12, 19	71 12:30P
			A. STATE B. COUN	TY deceased lived. If	institution: residence before admiss
HC		OR INSTITUTION, GIVE STREET	MARYLAND	BALTIMOR	E 5300
IN	STITUTION		C. CITY OR TOWN	D. IN	ISTDE CITY LIMITS?
1	ST. AGNES HOSE	PITAL	BALT I MORE E. STREET AND NUMBER		YES NO X
				N AVENUE	0100=
5. 5	SEX 6. RACE 7. M	IARRIED NEVER MARRIED	1259 LINDE	9. AGE fin years	_21227
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102	EMALE WHITE WI LUSUAL OCCUPATION (Give kind of work 10 B. e during most of working life, even if relired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ion country)	112 CITYEN OF WILLT COUNTY
don				ign country,	12. CITIZEN OF WHAT COUN
13.	HOUSEWIFE FATHER'S NAME		MARYLAND		U.S.A.
			14. MOTHER'S MAIDEN NA	ME	
16 4	FRANK R. TUBBS		ISABELLE (S	SHIPLEY	
fYes	Wos Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT WILKI	ENC AVE D	ALTO MD. 21229
	No -	217 12 9257	ST ACHES LA	DEDITAL D	ECORDS CATON &
	18. / 9 9 0 1	CAUSE OF DEAT		JOI LIAL K	APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECT	. Y	0		BETWEEN ONSET AND DE
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE Generalized	Carcino	ma
	(This does not mean the mode of dyin heart failure, asthenia, etc. Il means the	g, e.g., DUE 10, OR AS	A CONSEQUENCE OF:		
	injury or complication which caused deat	n.)			1
	ANTECEDENT CAUSES	/R)			
	DISEASES OR CONDITIONS, if any, rise to the above couse (A) stati	giving DUE TO, OR AS	A CONSEQUENCE OF:	***************	***************************************
	UNDERLYING CONDITION last.	(C)			
1	11	\C/************************************	***************************************		***************************************
NO	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
F	DISEASE OR CONDITION GIVEN IN PART 1 /A	MINAL			***************************************
된	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC			NU	114 CERIFTING CA	USES OF DEATH?
. 0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY fe.g., in home, form, foctory, street, olf	or obout 21C. WHERE DID	(If In Boltimo	re City, give exact location)
اح	DEATH (notify medical examined)	etc.)			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJU	JRY OCCUR?	
2	fAPPROX.)	While At Not While Work Nork			
	22. I certify thatX(X(this hospital) atte			- 79 - 144-	VO.11 4.0
	that XI) (we) lost sow the deceased all	MADCII 10		9 71 to MAR	
			19_ <u>/ 1</u> and tha	t in (26)() (aur) ap	inion death accurred an the do
2	and hour and from the causes stated ab	one (X) (Me) (q1q) (4(4/4/4) XI	ew the bady after death.		
1	Pl T				23 B. DATE SIGNED
	Cherap Heri St	M. D. DEGREE Phys.	Director L F	Shaff Phys.	3/12/71
1	23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		
	Chine . Hu	i 18ai m.D.	st to	nes Hoen	
4A.	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (C	ity, town, or county) (State)
1	Transfer to the table to tab				
		Meada. O. La	(Pal	House	1 Court M.
	BURIA 3/16/7/ DATE REC'D BY HEALTH DEPT. 258. N	MendowRidge	125C, FUNERAL DIRECTOR	HOWAR	d County Ma
	BURIA 3/16/7/ DATE REC'D BY HEALTH DEPT. 258. N	MendonRidge IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	HOWAR	d County Ma 30/ Inector 10 D
5A.	BURIA 3/16/7/ DATE REC'D BY HEALTH DEPT. 258. N	MendonRidge IAME OF REGISTRAR & E. Harber & B.	25C. FUNERAL DIRECTOR	HOWAR Poble	1

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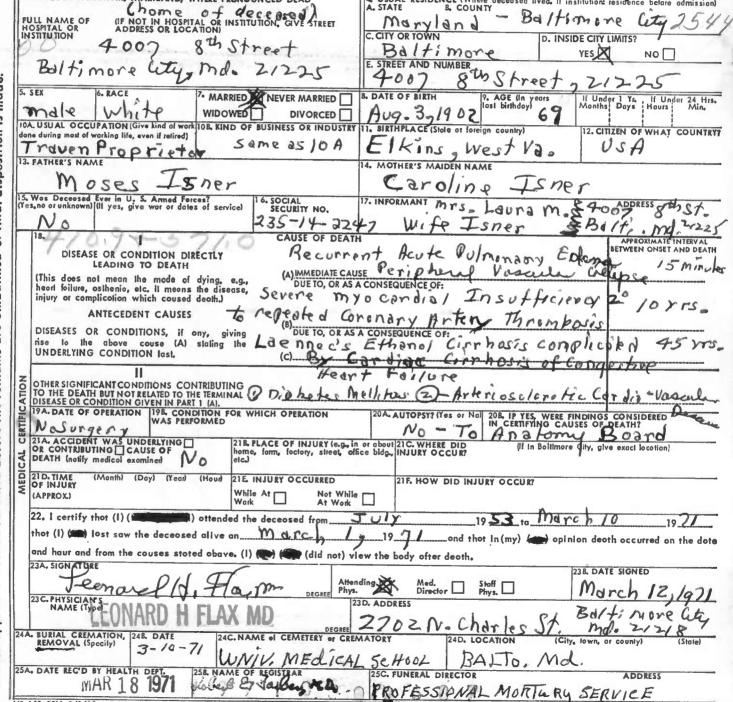
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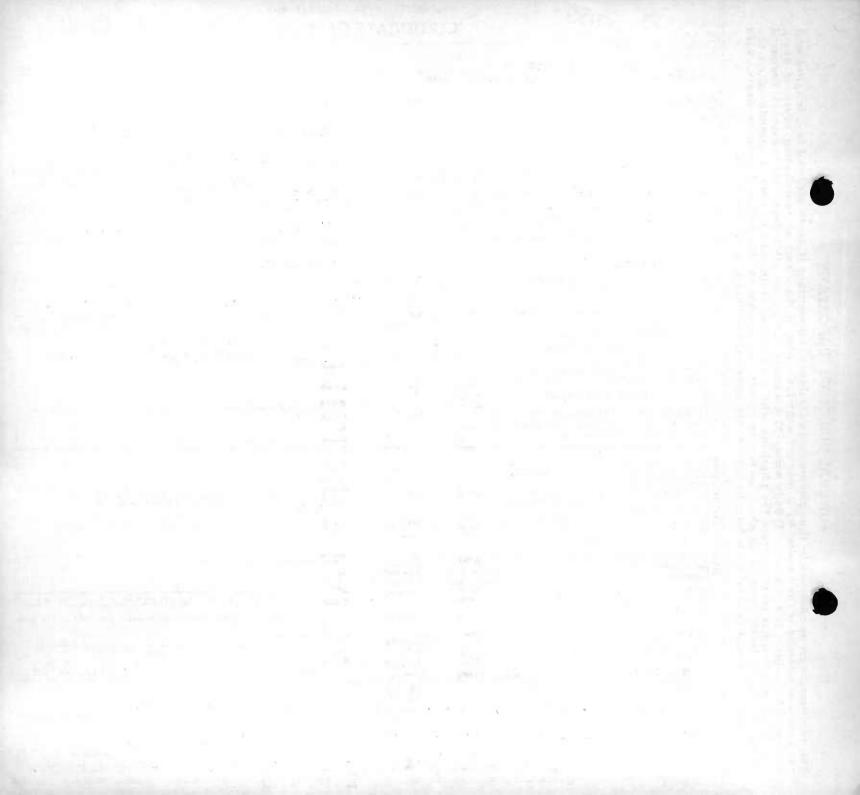
and

hospital

BIRTH NO. 71 2688	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 26	88
(Type or Print) Harry War Le	1d Isner 2. DATE AND HOUR OF DEATH March 10-1971 17	400 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE Chome of declination of the control of the cont	A. STATE B. COUNTY A. STATE B. COUNTY Maryland Baltimore C. CITY OR TOWN Baltimore E. STREET AND NUMBER 4007 8 The Street 2/22	before admission
10A. USUAL OCCUPATION (Give kind of work look KIND OF BUT done during most of working life, even if retired) Traven Proprieto Sam 13. FATHER'S NAME	DIVORCED Aug. 3,1902 Cost birthdoy) 69 Months Days NESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 2 25 10 A EIKins, West Va. USA	WHAT COUNTRY?
Moses Isner	Caroling Isner	
15. Wos Deceosed Ever in U. S. Armed Forces? (fles, no or unknown) (ill yes, give wor or dates of service)	OCIAL ECURITY NO. 17. INFORMANT Mrs. Laura M. \$400 ADDRE S-14-2247 Wife Isner & Bilt.	55 gth St.
	CALLES OF DEATH	15 minules



Female White WIDOWED DIVORCED 9/25/93 Cost birthdoy) 77 Months: Doys Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired HOUSEWILE OWN Home Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Wes Deceased Ever in U. S. Armed Forces? (Tes, no er unknown) Uf yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Dolores Stroble 2202 Eastern A 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., head foliure, ashenia, etc. If means the disease, injury or camplication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last. C. Under the condition of the caused death.] POST OP SUR YEARS DISEASE OR CONDITION Isst. C. Under the condition of the cause of the condition of the cause of the condition of the caused death.] POST OP SUR YEARS DISEASE OR CONDITION Isst. C. Under the condition of the cause of the condition of the caused death.] POST OP SUR YEARS DISEASE OR CONDITION THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR C	101.5					
No. of the same	2500		CERTIFICA	TE OF DEATH	REG. NO	71 2689
	EASED			2 DATE A	ND HOUR OF BEAT	4
	SOPHIA V	STEO B	Le		1	1 1717 0
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	14. USUAL RESIDENCE (Who	ere deceased lived. Vi	institution: residence before admissio
FULL NAME OF	IIF NOT IN HOSPI ADDRESS OR LOC	ITAL OR IN	STITUTION, GIVE STREET	Maryland		105
שטווטווונאו	TOHNS HOPKI	ns Ho	SPITTIL		D. IN	
33						AEZ NO
					ern Avenue	
S. SEX	6. RACE	7- MARR	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 He
Female	White	WIDOW	ED DIVORCED	9/25/93		Months Doys Haurs Min.
IOA. USUAL OCCU	IPATION Give kind of wo	108 KIND		11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNT
done during most of v	vorking life, even if refired!					
		OWII	Tionic			U.D.A.
					ME	
				Veronica		
5. Was Deceased	Ever in U. S. Armed Fo	orces?		17. INFORMANT		ADDRESS
TOUR OF BREIOWR	in Ace Area mat at 40	res at servic	SECURITY NO.	Miss Dolores	Stroble 2	202 Factom Avo
10			CAUSE OF STATE		COLONIC C	
	E OR CONDITION D	RECTLY	Choose of DEA		0	BETWEEN ONSET AND DEAT
				Λ		Danage de
(This does no	at mean the mode a	f dying, e	. O	A CONSEQUENCE OF	1 AV WHITE STA	sonarring 4 year
heart failure,	asthenia, etc. It mean	s the disea	se,	A COMBERGENCE ON	000	41
			POSTOP	surgery .		
			(8)	Fenley's Diver	nculum	
DISEASES O	R CONDITIONS, if	any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
		stating				
	**		(C)			
OTHER SIGNIFI	II CANT CONDITIONS CO	ONTRIBUTIN	lG.			
TO THE DEATH	BUT NOT RELATED TO	THE TERMIN				
U TOA DATE OF	OPERATION 19% COL	NDITION FO	OR WHICH OPERATION	20A. AUTOPSY! (Yes of No	ol 208, IF YES, WERE	FINDINGS CONSIDERED
Bism		RFORMED	0	Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN	1 (11)	Kens	DIVERTICALLE DE INJURY (e.g.,		// In Rolling	ore City, give exact location
OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF modical examined		home, form, foctory, street, o	flice bldg. INJURY OCCUR?	lit in pointing	ire City, give exect location)
U						
OF INJURY	(Month) (Doy) (Year)		21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)			While At Work At Work			
22 1	the MY fable been ten	1) -44 1-	32.192		20 21	21.41
			d the deceased from15		19 10 16	
	last saw the deceas				at Intmy (our) ap	Inion death accurred an the da
and hour and	from the causes sta	oted obove	((1))(We) (did) (did not)	lew the body ofter death.		
23A. SIGNATU	RE					23B. DATE SIGNED
10.	Page Ti	. 1	V1/14 \ pl	nding Med.	Staff Phys.	
23C PHYSICIAN	LENNOVII / OF	Mor	DEGREE Phy	S. Director L	Phys.	16 March 71.
NAME (Ty	pel			TON MUNKESS		
	John L. Ta	rplev	M.D. DEGREE	The Johns H	opkins Hos	spital
REMOVAL (S	AATION, 248, DATE	24C	NAME of CEMETERY of CR			ity, town, or county) (State)
Burial	3-19-1	971	Baltimore Natio	nal Pal	Ltimore, Mar	backer
25A. DATE REC'D			E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	AR 1.8 1971	PROB	E Jaber Ka.	Lilly & Zeile		01-07 Eastern Ave.
		11.5	THE RESERVE AND ASSESSMENT			TO DESCRIPTION
S 150-REV. 1/1/6	5		100000000000000000000000000000000000000	e		



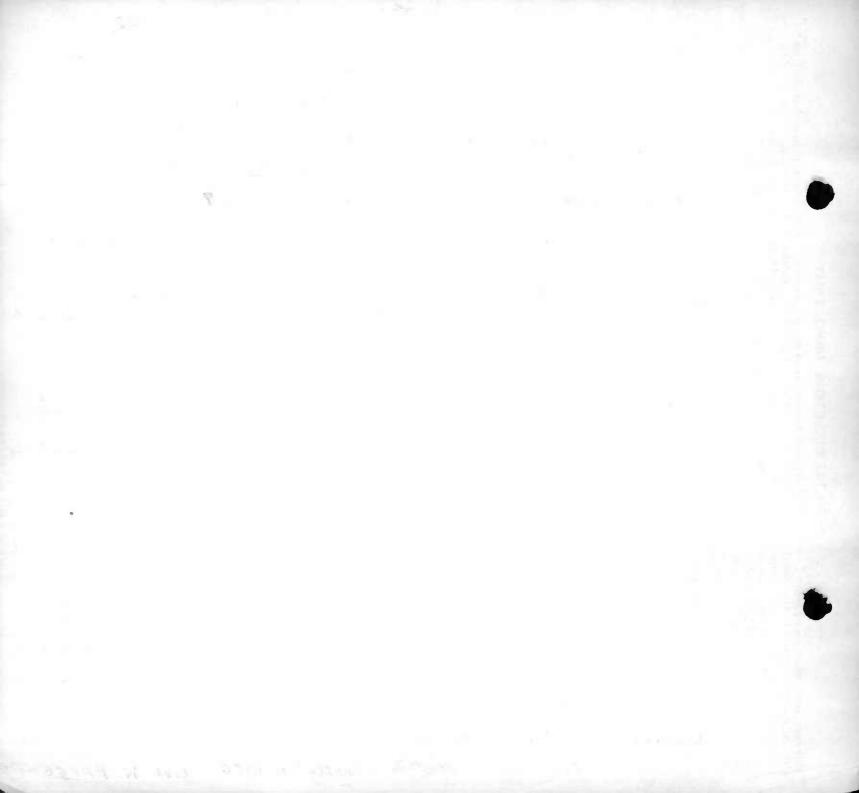
71 2690 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 2690	
DIKTHINO.		
1. NAME OF DECEASED ANNE E. DYSON ANNIE E. DYSON	2. DATE Known Month Doy Yeor Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 3. DATE Manth Day Year Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 14 1971 5:35 8	а _{м.}
544 W. Lafayette Ave.	S: USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
female negro WIDOWED DIVORCED	Balto. YES X NO	
9. DATE OF BIRTH 1910 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min.	E. STREET AND NUMBER 544 1W. Lafayette Ave.	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	_
Maryland WH 50 UNTRY?	UNK.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	UNK.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
(Yes, no or Nhown) (If yes, give wor ar doles of service) 215=32-2893	George Lewis 1509 W. Saratoga. St.	
19. CAUSE OF DEAT	TH APPROXIMATE INTERVA	
DISEASE OR CONDITION DIRECTLY Arterioscles	rotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE C	CAUSE	
	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
<u>C</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	no	
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Baltimore City, give exact lacation)	_
UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?	
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	OKK	_
I certify that I held on Inquiry Hispection X Aut	topsy ond that on this basis, death in my opinion	
resulted from: Notural causes & Accident Suicid		
1 / / / / / / / / / / / / / / / / / / /	CHIEF MEDICAL EXAMINER	
ACTUAL HAMMANNY	ASSISTANT MEDICAL EXAMINER	
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Isidore Mihalakis, M.D.	3/14/71	
24A. BURIAL CREMATION, 24B. DATE 3-19-71 24C. NAME of CEMETERY		
Burial Mt Calver	0	
25A. DATE REC'D BY HEALTH DEPT. 191AR 18 1971 Usber E. Jahren KA	charles A. Rice 661 W. Barre St.	
VS 151-REV. 1/1/68	0.5 6 8 3	-

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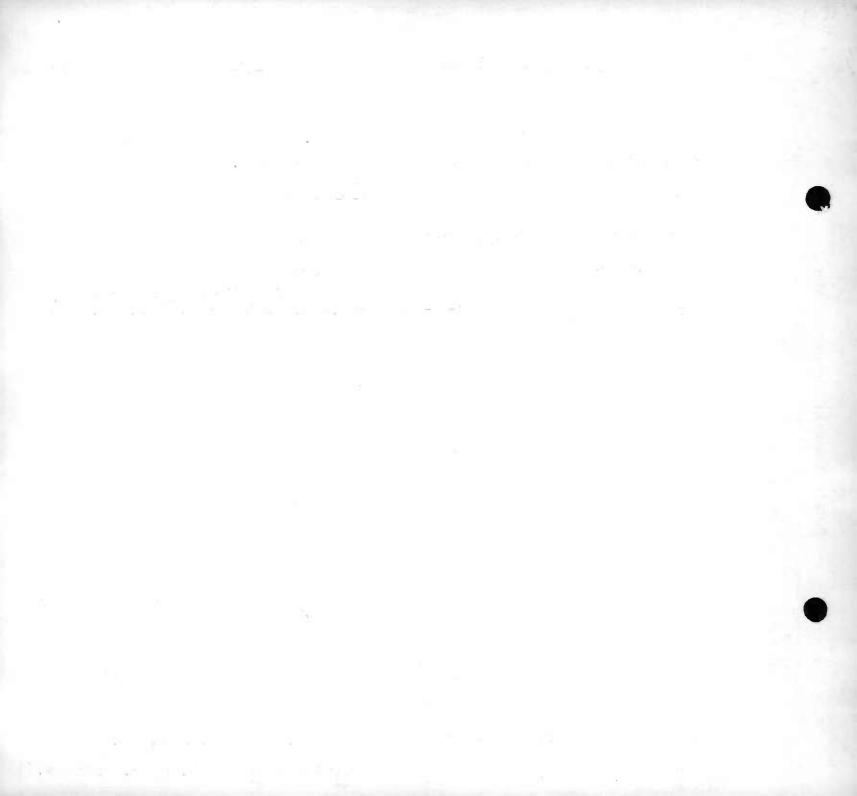
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71 2691	MEDIC	AL EXAMINER'S	CFRTIFICATE	OF DEAT	н	74	2691
BIRTH NO. 1. NAME OF DECEASED	MEDIC	AL EXAMINATION OF	2. DATE Known [REG. NO	Year	Haur
(Type or Print)	RONALD T	. BUTLER	OF DEATH Estimoted				M
4. PLACE IN BALTIMORE,	MARYLAND, WHER	E PRONOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
	NOT IN HOSPITAL OR DRESS OR LOCATION	INSTITUTION, GIVE STREET)	5. USUAL RESIDENCE (3	13 iv ed. II institution:	1971	4:30 a M
	lvin Drive		A. STATE Md.		B. COUNTY		2/01
male 7. RACI	N 0 20 1	MARRIED NEVER MARRIED DOWED DIVORCED	C. CITY OR TOWN Balto.		D. INSIDE CIT	हरू	NO 🗆
9. DATE OF BIRTH	10. AGE (In year last birthday)		in.		1		140
9- 4 8-53	L/	10 CITIZENI OF	654 Melvir	Drive			
11. BIRTHPLACE (Stote or fo	reign country)	U.S.A.	13. FATHER'S NAME	Tomor			
Maryland	Give kind of work LAR I	KIND OF BUSINESS OR INDUS	Charles (
done during mast of working lil		KIND OF BUSINESS OK INDUS	Landomia		r		
16. WAS DECEASED EVER (Yes, na or unknown) (If yes, g			18. INFORMANT		AD	DRESS	
no	TO HOT OF GUIES OF SE	JEGOKIT IVO.	Landomia	Butler	654 Mel	vin l	Dr.
19. 24 -	:4	CAUSE OF D	EATH				PROXIMATE INTERVAL
	, etc. It means the disea	ase,	OR AS A CONSEQUENCE OF:				
DISEASES OR CONI	CAUSE (A) STATING DITION LAST.	ING (B)	ebral palsy DR AS A CONSEQUENCE OF:				
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 20A. DATE OF OPERA	NOT RELATED TO THE	TERMINAL			800 v = v 60 v v 40 800 = v v = = =		
20A. DATE OF OPERA		ON FOR WHICH OPERATION	WAS PERFORMED				PSY? (Yes or No)
₹ 22A. EXTERNAL CAL		228. PLACE OF INJURY(e.	g., in ar about 22C. WHERE ffice bldg., etc.) INJURY OCC	DID (II in Boltimo	ore City, give exac	yes	
UNDERLYING OR C UTING CAUSE OF 22D. TIME (Month)		monte, turni, tociory, aneer, o	mice bidg., etc.) in GOKT OCC	OK:			
22D. TIME (Month) OF INJURY (APPROX.)	(Day) (Year)		OT WHILE	D INJURY OCC	UR?		Despire
23.	I held an Inqui		Autopsy 3 and that	on this basis,	death in my	apinian	
resulted fram	: Natural causes:	Accident Sui	CHIEF MEDI	CAL EXAMINER			DATE SIGNED
SIGNATUREEXAMINER'S	Isidore	Mihalakis, M.D.	ASSOCIATE MEDI			3	/13/71
NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETE		24D. LOCATION		or county	(Stote)
Burial 25A. DATE REC'D BY HEAL	3-17-7	1 Mt. Cal	very		lyn, Ma	rylar	nd
		But E. Jaiber, M.D.					ere St.
VS 151-REV. 1/1/6B	1 7	/ 5	0 2 6 9	8			

THE RESIDENCE OF THE PARTY OF T



	ITY HEALTH DEPARTMENT
	ATE OF DEATH REG. NO. 71 2693
(Type or Print) LEGAL Josephine Schott	2. DATE AND HOUR OF DEATH 3-16-71 8:15 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
90	Balto, YES V NO
Bolton Hill Nursing & Convalescent Center	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19 9. AGE (In years If Under 1 Yr., If Under 24 Hiss Months! Doys Hours Min.
Female White WIDOWED DIVORCED F	3-7-1895 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Domestic House Work	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Svehla	Josepha Ondracek
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [(If yes, give wor or doles of service) SECURITY NO.	
No SECURITY NO. 213-28-5375	17. INFORMANT Sister: 999 High Point Dr.
18. CAUSE OF DEA	Mrs.Geo.Hodek -Annapolis, Md.21401
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
heart failure, astheria, etc. It means the disease	AS A CONSEQUENCE OF:
injury or complication which coused death.)	CC // Changes
ANTECEDENT CAUSES (B)	V-S
DISEASES OR CONDITIONS, if any, giving DUE TO, OR isse to the above cause (A) stating the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF:
(-)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1] 121B. PLACE OF INJURY (ACC	V.A - Left Dempurloss
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, DEATH (notify medical examiner)	office bldg., INJURY OCCUR? (If the Boltimore City, give exect location)
21D. TIME (Month) IDoy) (Yeor) (Hour) 21E INJURY OCCURRED Wille At Not W	21F. HOW DID INJURY OCCUR?
KAPPROXI While At Not Work At Work	hile D
22. I certify that (1) (this haspital) attended the deceased from	3/4 197/ 10 3/16 197/
that (1) (we) lost sow the deceased alive on3/15	19 7 ond that in (my) (our) opinion death occurred an the date
and hour and from the equises stated above. (1) (We) (did) (did nat)	
23A SIGNATURE	23B, DATE SIGNED
	thending W. Med. Staff Director Phys. 3/16/7/
23C. PHYSICIAN'S NAME (Type) Ses EDH S. BLUM HD	23 D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/18/71 Most Holy Red	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR ADDRESS
MAR 1 8 1971 Page E. Jaley M.D.	STEWART & MOWEN CO.108 W. North Av. (1
VS 150-REV. 1/1/68	



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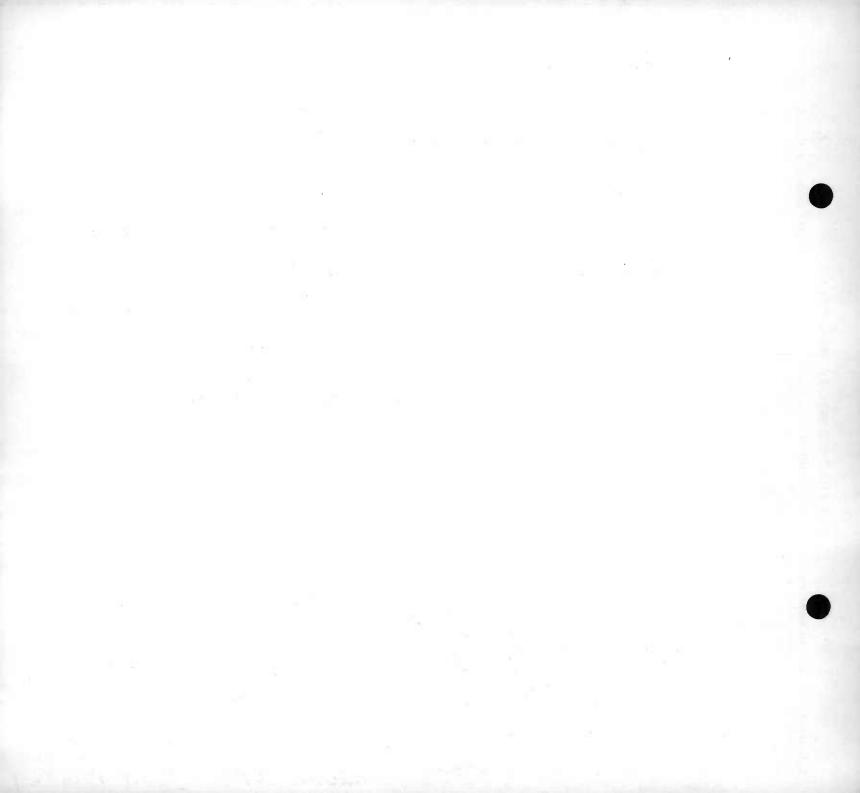
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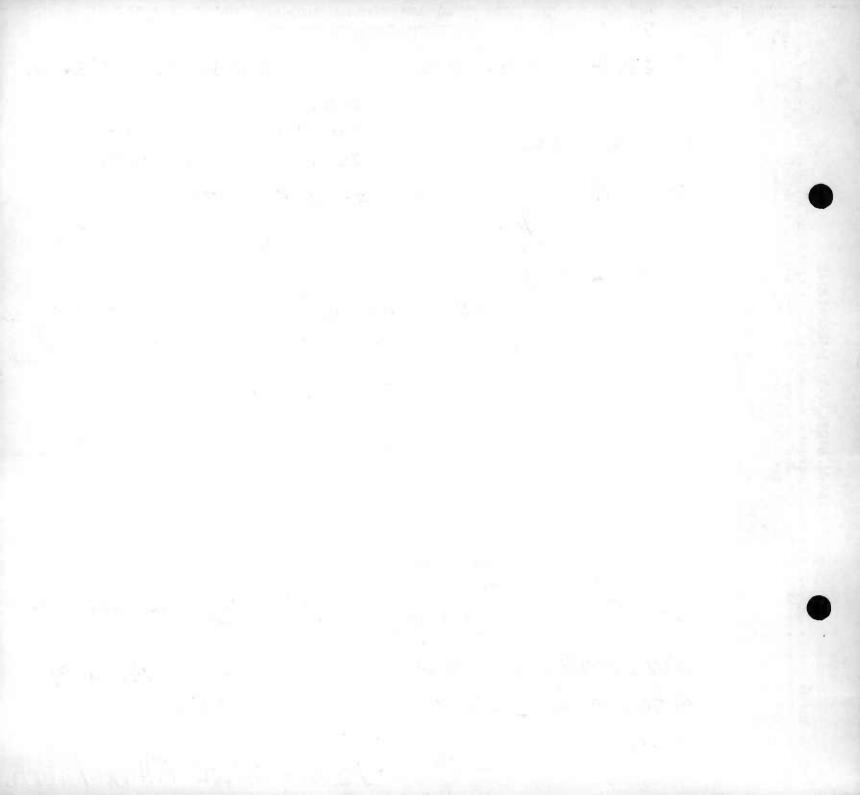
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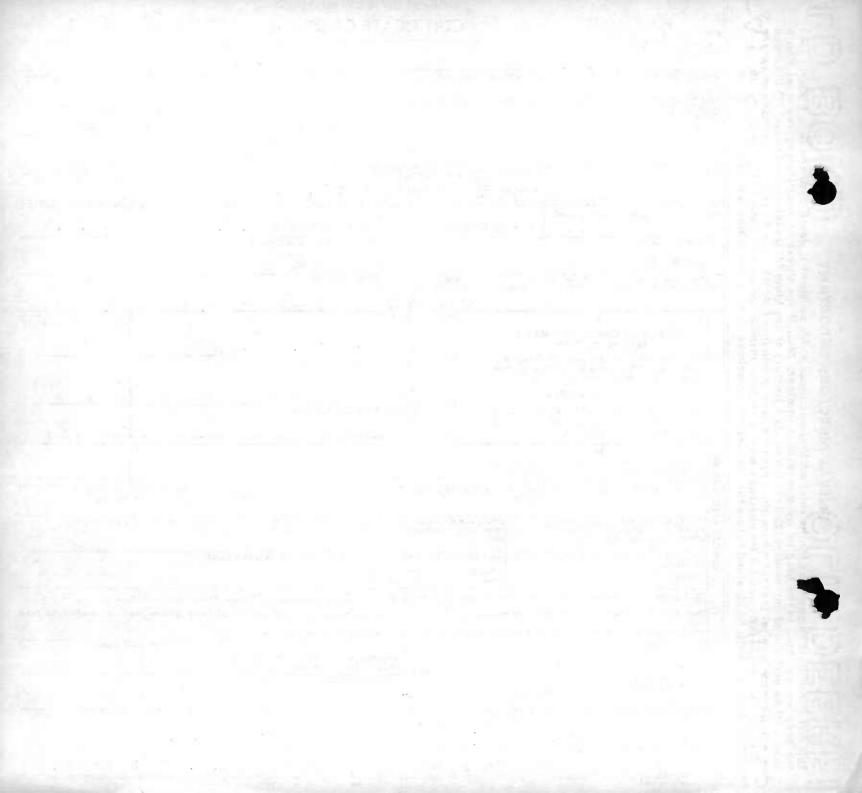


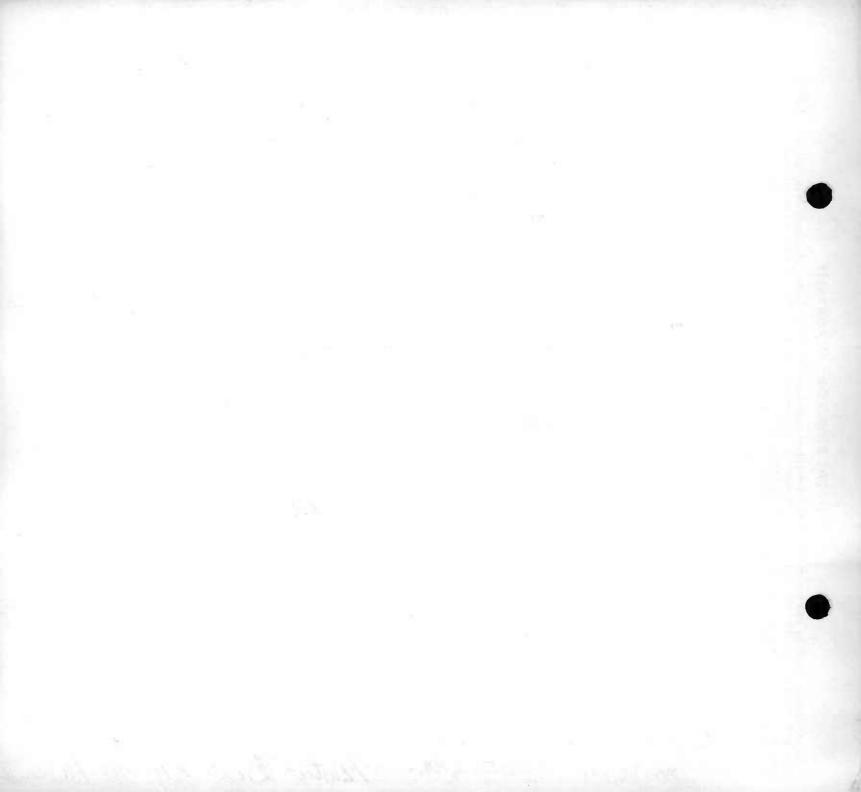


ed by the chief medical examiner or his assistant if death occurred in a hospital and

This certificate must be appre

INDICATE ROCK RECEIPT RECEIP	ALTHORE, MARTLAND, WHERE PROMOUNCED DEAD ALTHORE, MARTLAND, WHERE PROMOUNCED DEAD OF BY NOT IN MOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 405 Lynhurst Street ALTHOREM ALTHORE	er Printl John E. Bo	BIRTH
FULL NAME OF POY IN MOSTRIA OR INSTITUTION, GVE STREET ## APOST OF THE PROY IN MOSTRIA OR INSTITUTION, GVE STREET ## APOST OF THE POY IN MOST OF	ALTIMORE MARTLAND, WHERE FRONOUNCED DEAD OF ALDDRESS OR LOCATION) 405 Lynhurst Street ADDRESS OR LOCATION) 405 Lynhurst Street ANDRESS OR LOCATION) 405 Lynhurst Street ANDRESS OR LOCATION) ANDRESS OR LOCATION 405 Lynhurst Street ANDRESS OR LOCATION ANDRESS OR LOCATION 405 Lynhurst Street ANDRESS OR LOCATION ANDRESS OR LOCATION ANDRESS OR LOCATION ANDRESS OR LOCATION 405 Lynhurst Street ANDRESS OR LOCATION Baltimore E. STREET AND NUMBER 405 Lynhurst Street ANDRESS OR STREET ANDRES	John E. Bo	
HALL MAKE OF ADDRESS OR LOCATION) 405 Lynhurst Street Marylland CCITY ORTOWN D. INSIDE CITY LIMITS' MARCINET LANGE LYNHURS' STREET Marylland CCITY ORTOWN D. INSIDE CITY LIMITS' YES X LANGE LYNHURS' STREET MARCINET NEVER MARRIED D. DATE OF BIRTH N. AGE in years on the binder of the	ADDRESS OR LOCATION) 405 Lynhurst Street AGE AMARRIED NEVER MARRIED Sept 10, 1890	ACE IN BALTIMORE MARYLAND, WI	3. PLA
NOSTRIAL OR ADDRESS OR LOCATION) 405 Lynhurst Street Location Application of the course stated down, 19 Application of the Course of the Cou	ADDRESS OR LOCATION) 405 Lynhurst Street C. CITY OR TOWN		
Baltimore VES	ACT	NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA	HOSPI
E. STREET AND NUMBER	E. STREET AND NUMBER A. RACE		INSTIT
S. SEX S. BEX S. BEX S. BACE T. MARRIED NEVER MARRIED S. DATE OF BINKH S. DEPT 10, 1890 Set birthdopy in the birthdopy by DIVORCED Never 10, 1890 Set birthdopy in the birthdopy by DIVORCED New Dept 10, 1890 Set birthdopy in the birthdopy by DIVORCED New Dept 10, 1890 Set birthdopy in the birthdopy by DIVORCED New Dept 10, 1890 Set birthdopy in the bir	S. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 19. AGE (in years with body) S. DATE OF BIRTH 19. AGE (in years with body) S. DATE OF BIRTH 19. AGE (in years with body) S. DATE OF BIRTH S. DATE OF B	405 Lynnurs	00
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S. FATHER'S NAME	BE O Railroad Newberry Cty, S. C. UMANE BOOZET Color of Eve is U. S. Armed Forces? Will by yes, give wer or doles of service) Color of Eve is U. S. Armed Forces? Will by yes, give wer or doles of service) Color of Eve is U. S. Armed Forces? Color of Color of Eve is U. S. Armed Forces? Color of Ev	SUAL OCCUPATION (Give kind of work)	10A. U.S
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL 17. INFORMANT ADDITION OF THE DEATH NO. ADDI	I.4. MOTHER'S MAIDEN NAME	bring most or working sie, even a retired	gone Gu
15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) 17. INFORMANT ADDERIVE 18.	SECURITY NO. TOT - 12 - 36 96 LASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE OR CONDITIONS, if ony, giving the ebove cause (A) stoling the NG CONDITION SCONDITION SCONDITIONS CONTRIBUTING ANTELATED TO THE TERMINAL CONDITION SCONDITION FOR WHICH OPERATION INFICANT CONDITIONS CONTRIBUTING AND FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION DETY WAS UNDERLYING TO THE TERMINAL CONDITION FOR WHICH OPERATION TO THE TERMINAL CONDITION FOR WHICH OPE	THER'S NAME	13. FA1
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Burial 3-20-7] Mt Meth Cemetery Newberry S. C.	Mt. Moriah Comptons	EATH (notify medical examined D. TIME (Month) (Day) (Year) F INJURY APPROX.) 2. I certify that (I) (this hospital) not (I) (we) last sow the deceased and hour and from the causes state A. SIGNATURE A. SIGNATU	23/ 23/
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR A	1 3-20-71 Mt. Meth Cemetery Newberry S. C.	EATH (notify medical examined D. TIME (Month) (Doy) (Year) FINJURY APPROX.) 2. I certify that (I) (this hospital) not (I) (we) last sow the deceased and hour and from the causes state A. SIGNATURE D.C. PHYSICIAN'S NAME (Typel C.C. A. C.C. BURIAL CREMATION, REMOVAL (Specify) D. TIME (Month) (Doy) (Year) (Y	23/ 23/ 24A. B





A	2000		BALTIMORE CIT
	2699	MEDICAL	EVALAINIED!

MEDICAL EXAM	MINER'S CER	TIFICATE	OF DEAT	H REG. NO	71	2699
BIRTH NO.						R
(Type or Print) ALBERT TOWNSEN		OF EATH Estimot		Doy	Yeor	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD 3. D	ATE	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GHOSPITAL ADDRESS OR LOCATION)	IVESINCEI	RONOUNCED DE	3	12	1971	5:25 p M.
ORINSTITUTION 2252 Linden Ave.		SUAL RESIDENCE Md.	(Where deceosed li-	B. COUNTY	residence b	3 () 2
6. SEX 7. RACE 8. MARRIED NE	VED MADDIED TO C. C	ITY OR TOWN		D. INSIDE CIT	Y LIMITS?	
male negro widowed		Balto.		YES		NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under)	Yr, If Under 24 Hrs. E. Si bys , Hours , Min.	TREET AND NUM	BER			
4-10-1912 58.		2252 Lin	den Ave.			
11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF COUNTRY?	ATHER'S NAME				
Horntown, Virginia U.		lijah Tow	nsend			
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSIN done during most of working life, even if retired)	ESS OR INDUSTRY 15.	MOTHER'S MAIDE	N NAME	-		
done during mostor working me, even irrenred)		illie Tow	nsand			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. S	OCIAL 18. I	NEORMANT	usenu	ADI	DRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) NO	ECURITY NO.	ernon Tow	nsend 25	16 Rusco	mhe I	ane
19. 11. 1 90 11.	CAUSE OF DEATH				APF	PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Art	terioscleroti	c cardiov	ascular di	sease	50,77	ELIV ONOE! AND DEAN
LEADING TO DEATH	(A)IMMEDIATE CAUSE					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS A C			e man shi mat surrain miladal mah nik sha Girigir (Ari Ari Ari Ari Ari Ari Ari Ari Ari Ari		
miory or compiled the miner course deciming						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	CONSEQUENCE O	F;			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
2	(C)			***********		teretaria disebe ne rep rep rep rep recent de l'Al commingia de l'Al di de de l'Al
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICE						
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	.,,					******
20A. DATE OF OPERATION 20B. CONDITION FOR WHICE	H OPERATION WAS PE	RFORMED			21. AUTO	PSY? (Yes or No)
Ö					no	
22A. EXTERNAL CAUSE WAS 22B. PLACI	OF INJURY (e.g., in or	obout 22C. WHER	E DID (If In Boltimo	re City, give exoc		
UNDERLYING OR CONTRIB-	, foctory, street, office bldg	., etc.) INJURY OC	CUR? `			
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.IN	JURY OCCURRED	22F. HOW	DID INJURY OCC	UR?		
(APPROX.) m. WORK	NOT WHILE					
23. I certify that I held an Inquiry I lns	pection Autopsy	ond the	ot on this basis,	death in my c	ninion	
resulted from: Natural causes X Accide			Undetermi	_	-	
1/	2	CHIEF MEI	DICAL EXAMINER			DATE SIGNED
SIGNATURE AMERICA	M.D.	ASSISTANT ME	DICAL EXAMINER	E		DATE STORED
EXAMINER'S Toidone Mihalaki	s. M.D.	ASSOCIATE ME	DICAL EXAMINER		3/	13/71
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY or CI	REMATORY	24D. LOCATION	(City, town,		
REMOVAL (Specify) Burial 3-17-71 M	t. Auburn Cer	metery	Baltim	ore Mar	yland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	GISTRAP	25C. FUNERAL			DRESS	
MAR 18 1971 Vales E. Jak	they then !	Morton &	Dyett F.	н. 1701		ens St.
VS 151-REV. 1/1/6B	150	2 6 ?	8			

F	71 2700	MEDICAL	BALTIMORE CITY HEA		OF DEAT	Н	74 2mnn	
BIRT	TH NO.					REG, NO	11 - 700 -	
	AME OF DECEASED			2. DATE Known [Manth	Day	Year Haur	_
	LADSC			DEATH Estimoted				М.
	LACE IN BALTIMORE, M	ARYLAND, WHERE PRO	The second secon	3. DATE PRONOUNCED DEA		Doy h 17.197	Year Hour 1 8:15 A	M
OR I	NSTITUTION	A STATE OF THE STA	3-22-71			ved. If institution:	residence before admission)	-
0	△1420 E. Fed	leral Street) 1-	A. STATE Mary1	and	B. COUNTY	909	
6. 5	No.		NEVER MARRIED	C. CITY OR TOWN	and	D. INSIDE CIT	Y LIMITS?	_
	Male Negr			Baltimore		YES	O NO O	
9. D	ATE OF BIRTH	10. AGE (In years If		E. STREET AND NUMB	ER			_
	une 10, 1915	lost birthd oy) M	anths Days Hours Min.	1420 E. Fed	oral Ctro			
	BIRTHPLACE (State or fore		CITIZEN OF	13. FATHER'S NAME	erar prie	eL		-
S	umpter, S. C.		WHAT COUNTRY? U. S. a.	Vivian Mose				
14A.	USUAL OCCUPATION (GI	ve kind of work 14B. KIND C	F BUSINESS OR INDUSTRY					
dane	during most of warking life, e	ven itretired)		Rosette Mos				
16.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	17. SOCIAL	1B. INFORMANT	562	AD	DRESS	-
(Yes,	na ar unknown) (If yes, give	wor ar dates af service)	SECURITY NO.	Mrs. Flossie	e Moses 1	312 Riggs	Avenue	
NO	DISEASE OR CON LEADING TO THE ABOVE CONDITIONS ON THE	O DEATH made of dying, e.g., ic. It means the disease, ich coused death.) I CAUSES TONS, IF ANY, GIVING AUSE (A) STATING THE ITON LAST.	(A)IMMEDIATE C DUE TO, OR A	AS A CONSEQUENCE OF:	of Pancr	reas		
CERTIFICATION		II DIDITIONS CONTRIBUTION TRELATED TO THE TERMIN N GIVEN IN PART 1 (A).						
CERTI			OR WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Yes or No)	
EDIC	22A. EXTERNAL CAUSI UNDERLYING OR COI UTING CAUSE OF DE	NTRIB- ha	B. PLACE OF INJURY (e.g., ime, form, factory, street, affice	in ar about 22C. WHERE e bldg., etc.) INJURY OCC	DID (if in Baltima	re City, give exac	no Hacation)	
	22D. TIME (Manth) OF INJURY (APPROX.)	(Day) (Year) (Hour) m		WHILE ORK	ID INJURY OCC	UR?		
	23. I certify that I	held on Inquiry	Inspection 🔀 Au	topsy and that	on this basis,	death in my c	pinion	
	resulted from:	Nettyral causes X	Accident D Suicid	le Homicide	Undetermi	ined monner		
	ACTUAL SIGNATURE	had U/c	ablum, M.D.	ASSISTANT MEDI			DATE SIGNED	
	EXAMINER'S IX	20 210 210		AJJOCIAIE MEDI	CAL EXAMINER		3/17/71	
	BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, tawn,	ar county) (State)	_
KEN	MOVAL (Specify) Burial	3-22-71	Mt. Auburn C	emetery	Baltimor	re, Maryl	and	

MAR 18 1971 VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

17

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

ADDRESS Morton & Dyett F. H. 1701 Laurens St.

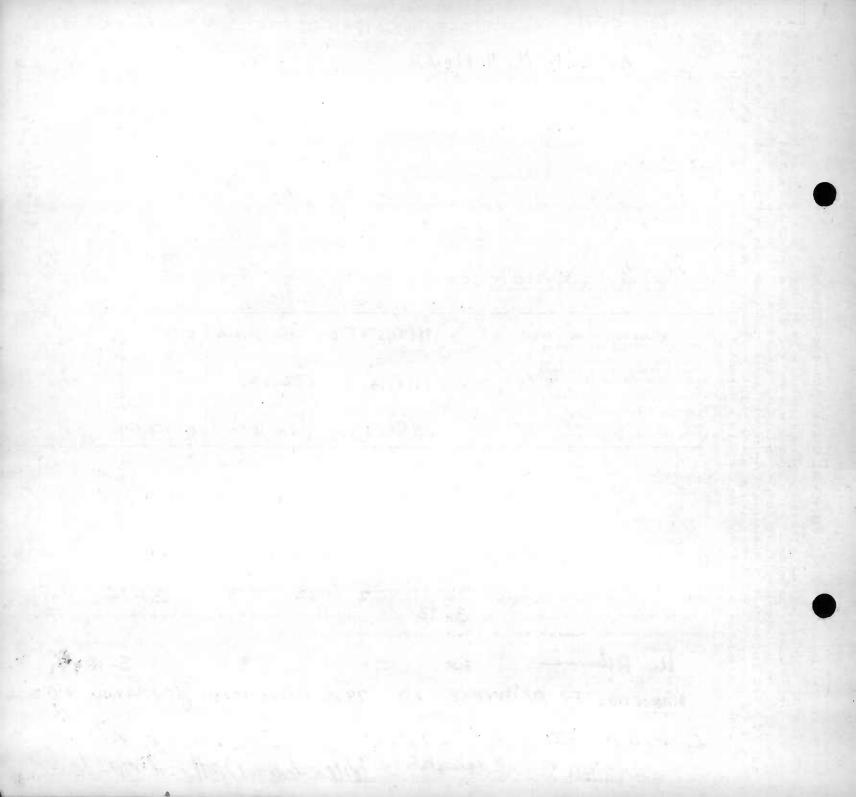
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Survey and Sixty and All Harris



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71 2702 BALTIMORE CITY HEALTH DEPARTMENT 71 2702

BIRTH NO.		MLD	ICAL	LAAMI	INEK 3	CLKIII	ICAI	LOI	DLA	REG. N	10		
1. NAME OF DEC	CEASED					2. DATE	Kno	wn 🗆	Month	Doy	Yeo	r Hour	
(Type di Film)		AARON	CAMPE	ELL		OF DEATH	Esti	mated 🗌					М
4. PLACE IN BAI						3. DATE	OUNICED	DEAD	Manth	Doy	Yea	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO ADDRE	T IN HOSPITA	L OR INSTIT	UTION, GIVE	STREET		OUNCED . RESIDEN		3 e deceased	15 lived. If institu	197		:35 p.
	2918 Ed	gecombe				A. STATE	Md.			B. COUNT		2%	16
6. SEX	7. RACE		B. MARRIE	DEVER	MARRIED	C. CITY	OR TOWN			D. INSID	E CITY LIMIT	5?	
male	negro		WIDOWE		DIVORCED			Lto.			YES 🔀	NO 🗌	
9/13/10		10.AGE (In lost birthdoy	70	If Under 1 Yr. I Manths _I Days I	f Under 24 Hrs. Haurs Min.	1	1 AND N		be Ci:	rcle,	South		
11. BIRTHPLACE	Stote ar fareig	n country)	1:	2. CITIZEN C	F		ER'S NAA						
Baltime				WHATCO			UNK.	IDEAL ALA	445				
14A.USUAL OCCU dane during mast of Jani	working life, ev	en ifretired)											
				elbea:				e Key	788				
(Yes, na or unknown	SED EVER IN (If yes, give v	U.S. ARMED war or dotes (FORCES?	SECU	JRITY NO.	18. INFO					ADDRESS		
NO				194	18 860	73 Ca	rrie	Camp	bell	2918	Edge		
19. 4	24			С	AUSE OF DEA	TH					8		TE INTERVAL
DISEAS	SE OR COND		CTLY		ioscler		ardio	vascu	lar dis	sease			
(This does i	nat mean the		ng, e.g.,	(DUE TO, OR		FOUENCE	OF:					
	e, asthenia, etc mplicotian whi				202 10, OK	A0 A COI10	LOCLITCE	0					
	mphreo nan min		,										
	NTECEDENT			(B)							******	
DISEASES	OR CONDITION	ONS, IF ANY	GIVING		DUE TO, OR	AS A CON	SEQUENC	E OF:					
UNDERLYII	NG CONDIT			-	c)								
<u>ō</u>		11		,									
O THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERMIN					r 44 60 64 60 44 wo 64 44 44 wo 60	ha 60 ta 60 to to wels w ta shew 60 to	D we show to to 10	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 4 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	
20A. DATE O				OR WHICH C	PERATION W	AS PERFO	RMED				21. AU	TOPSY? ((es ar Na)
20													J
₹ 22A. EXTER	RNAL CAUSE	WAS	12:	28 PLACE OF	F INJURY (e.g.,	in or obou	122C WI	HERE DID	(If in Boltim	ore City pive		10	
UNDERLYING UTING CA	G OR CON	TRIB-	ĥ	ame, farm, fac	tory, street, affic	ce bldg., etc.	INJURY	OCCUR?	(III III DOIIIIII	ore city, give	exocriocona	,	
≥ 22D. TIME OF INJURY	(Month) (E	ογ) (Year) (Haur)		OCCURRED		22F. HC	M DID IV	JURY OCC	CUR?			
(APPROX.)			n	MHILE AT WORK		VORK							
23.								-					
l cer	tify that I h	eld on the	ndairs _	Inspec	ion X Au	itapsy 🗌	and	that on t	his basis	, death in	my apinior	1	
resul	ted from: N	atural cau	ses K	Accident	Suici	de 🗌	Homicid	e 🗌	Undeterm	nined mann	er 🗌		
0.000		/	A		2				EXAMINER				
ACTUAL	-	_/	1/k	lexlar	hea.	Δ			EXAMINER			DATE S	SIGNED
SIGNAT		1/2		uaccer	20 3 M.E),							
NAME (Isidor	e Mih	alakis,	M.D.	AS	SOCIALE	MEDICAL	EXAMINER		3/	16/71	
24A. BURIAL CRE		24B. DATE	- 11211		of CEMETERY	ar CREMA	TORY	24D.	LOCATIO	N (City.	tawn, ar cour		(State)
REMOVAL (Spec		2/ -	,_										
Burial		9/120	/71_		Calvar				al tim	ore (AA Co		Md.
25A. DATE REC'D	BY HEALTH	DEPT.		ME OF REGI		250	. FUNER	AL DIRECT	OR		ADDRESS		
	MAR 18	1971	Holled	£, Va.	Berg M.D.	I	EWIS	T G	NYNN	4517	Park	Heigh	its A
VS 151-REV. 1/1/6	8		7	1	0	0 1	1	0					

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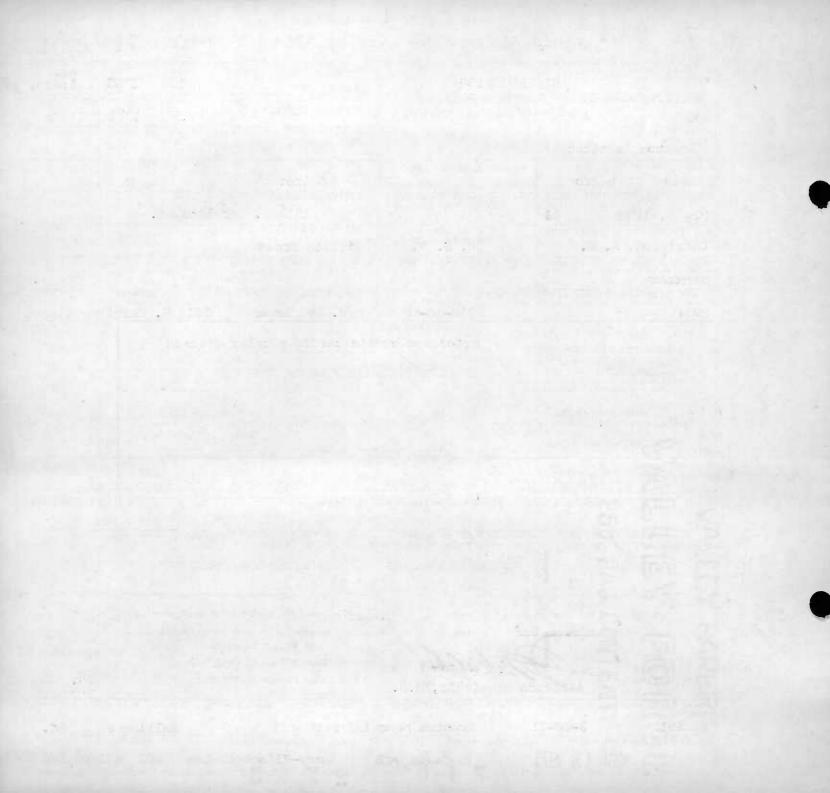
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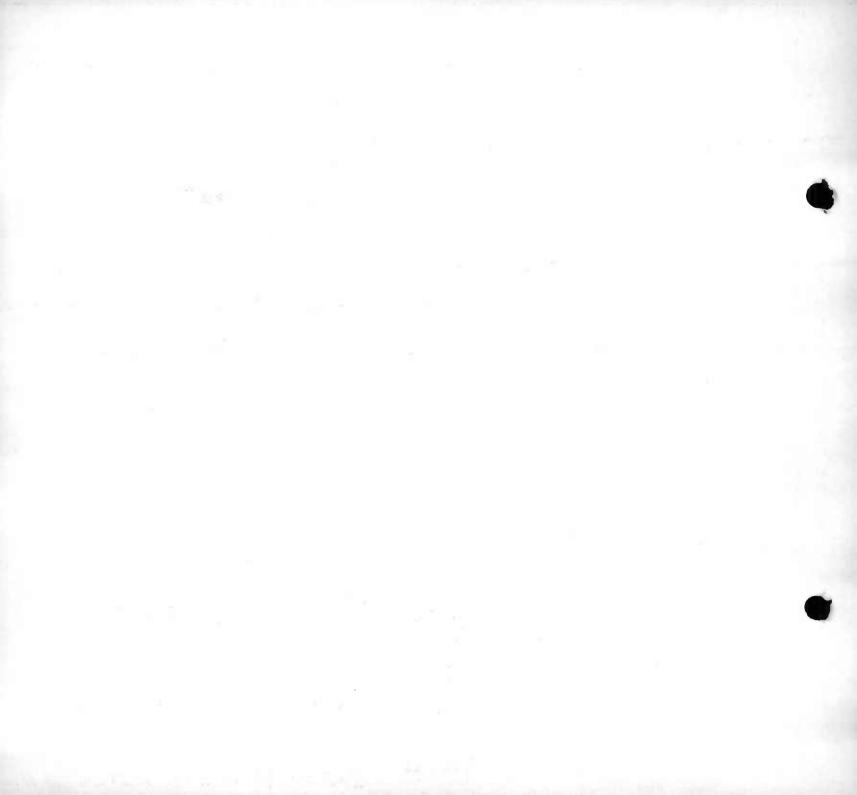
	71 2	2704	MED	ICAL		AMINER'S			OF	DEAT	H BEG NO	71	2nn4
BIR	TH NO.										REG. NO		-/1/4
	NAME OF DEC	CEASED	WII	LIAM	BRO	OWN	2. DATE OF DEATH	Known Estimote		Month 3	15	19 71	1:45p
4. P	LACE IN BAL	TIMORE, M	ARYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE			Month	Day	Year	Haur W.
HOS	NAME OF	(IF NO	OT IN HOSPITA RESS OR LOCA	L OR INST	TITUTIO	N, GIVE STREET		UNCED DE		3	15	1971	1:45p M.
1%	Seton	Insti	tute				A. STATE	Md.			B. COUNTY	9	09
6. 5	EX	7. RACE		8. MARR	IED 🛚	NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE C	ITY LIMITS?	
	male	neg	gro	WIDOW	ED [DIVORCED		Balto.			,	YES X	NO 🗆
9. D	ATE OF BIRT	H	10.AGE (In			der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMI	BER				
M	ay 5, 19	9 09	last birthday	"	Month	s Days Hours Min.		1814	N.	Caro1	ine St.		
	BIRTHPLACE (S		ign country)			TIZEN OF	13. FATHER	'S NAME		4			
CI	harlston	1. S. (C.	- 1	W	HAT COUNTRY?	Will	iam Br	OM				
_		-		4B. KIND		USINESS OR INDUSTRY				AF			
dane	during most of variance												
	WAS DECEAS				?	17. SOCIAL SECURITY NO.	18. INFOR	MANT			-	ADDRESS	
NO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wor or goles	ar service,		218-10-9855	Mrs.	Eva B	rown		1814 N.	Caroli	ne Street
	19. 11 1	04				CAUSE OF DEA	TH					AP	PROXIMATE INTERVAL
	DISTAC		DITION DIDE			Arterioscler	otic ca	rdiova	scu	lar di	sease	BCTYV	EEN ONSET AND DEATH
		LEADING T	DITION DIREC	LILY									
	heart foilure	, osthenlo, et	e mode of dyi	diseose,		DUE TO, OR		UENCE OF:		**********		*****	
	infory or cor	nplicotion wr	nich coused de o	m.)									
	At	NTECEDEN	T CAUSES			(B)							
Н	DISEASES	OR CONDIT	IONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF	:				
			AUSE (A) STAT TION LAST,	ING IHE		(0)							
Ó.					1 134	(c)							
F	OTHER SIGN	IIFICANT CO	II ONDITIONS CO	NTRIBUT	ING								
유	TO THE DEA	ATH BUT NO	T RELATED TO	THE TERMI	NAL								
CERTIFICATION					FOR V	HICH OPERATION W	AS PERFORA	AFD				21 AUTO	PSY? (Yes or No)
G	20 1				0	AUGU G. EKAMOTT TI	TO LEKT OK						
4	22A. FXTER	NIAL CALIC	T MAR	1.	220 DI	ACE OF INHURY		OC WILEDS	DID /	16 1 0 10	Circ	ye	S
2	UNDERLYING		NTRIB-			.ACE OF INJURY(e.g., farm, factory, street, affic				It in Boltimo	ore City, give e	(oct locotion)	
Σ	22D. TIME		(Day) (Year) (Hour) 22	E.INJURY OCCURRED		22F. HOW D	ID IN	URY OCC	UR?		
	OF INJURY (APPROX.)						WHILE						
	23.	ا مماد ا	hald an ti	-	7		ORK		4 au 4h		danak tu		
			held on li				topsy 🔀	_	7		deoth in my		
	resul	ted from:_	Natural cau	ses A	Ac	cident Suicio	le 🔲 H	omicide _	, ,	Jndeterm	ined monner		
	ACTILAL		/	to	/	11		CHIEF MED	ICAL E	XAMINER			DATE SIGNED
	SIGNAT	_ /	6	411	11	classes M.D	ASS	ISTANT MED	ICAL E	XAMINER	X		
	EXAMIN		7. 4	10	. 1			CIATE MED	ICAL E	XAMINER			0/26/22
	NAME (1	(ype)		re M		lakis, M.D.	-5-19						3/16/71
	BURIAL CRE		24B. DATE		240	NAME of CEMETERY	or CREMAT	YSC	24D. I	LOCATION	(City, tov	vn, or county)	(Stote)
	MOVAL (Speci urial	ту)	3-20-7	7		Arbutus Memo	rial D	ank	H		Dal.	timore	Md
	DATE REC'D	RYHEALTH				OF REGISTRAR		FUNERAL D	IPECTO)P		ADDRESS	Md.
25A	. DAIL REC D				_								
		MAR	18 197	Vice	كترية	E. Jaber, M.	0.	Mary-E	llza	beth !	Law 8	UZ Madi	son Avenue

VS 151-REV. 1/1/68

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11	2001	BALTIMORE CITY HEALTH DEPARTMENT 71 2705
7	5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BIRTH NO. CERTIFICATE OF DEATH
	al and death ceased on the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 3/16/71 445 P.M.
	ospital o of d o) Dece nce on eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decented lived It is still in the second of the
	hospital ise of c (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MAPLE AND)
	n a ho cause use; (5, tendan	INSTITUTION D. INSIDE CITY LIMITS?
	E 34.	901 in Colo Nun Star Star NO DE STREET AND NUMBER
	T	HIG MOSHER ST
-	tribut mined gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE 9 BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs.
	occur ontrib ermin regul eased is ma	10A USUAL OCCUPATION (Give hind of working Kind) OF BUILDING OR NINGHAM
,	det con on on	done during most of warking life, even if relired)
	nt if death direct or c ; (4) Undet th was in in the dec disposition	13. FATHER'S NAME
-	if (4)	14 MOIGHE S WADEN NAME
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
A	the d the d kind; death nce or final d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 26-03-6488 HATTIE M.LANGLEY 2407 W. NORTH A
S	S +	CAUSE OF DEATH
MPORTAN	o, if fany nced enda d or	APPROXIMATE INTERVAL
2	- wo = + 0	LEADING TO DEATH
-::	1 . 3 0 L 0	heart failure, ashenia, etc. if means the disease,
OR	nine ract pr ula	injury or complication which caused death.) ANTECEDENT CAUSES
Č	Xamicami A fr Who reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
14.7	exe (3) in v	INDER VING CONDITION 1-1-1
DIR	dical ical rns; rns; sicia vas	CO.
AL	Più F S ≯ E	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
S	m m m k ph	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERA	chief a r Body the ysici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 178 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYZ (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	for for	IN IN BOILIMORE City, give exect location
	spital ure; (whe	S PEATH (noity medical examines) etc.)
	pt v pt v (6)	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	2 5 5 5 5	(APPROX.)
	the any obt	22. I certify that (I) (this hospital) attended the deceased from 2/28/64 19 to 3/16/7/ 19
	be to to	that (i) (we) lost sow the deceased alive on 3/16/7, 19 ond that in (my) (our) opinion death occurred on the date
	dent of death)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	SPOPE	25 DATE SIGNIES
	E 0 0 5 + 5	Attending Med. Shuff Director Phys. 23D. ADDRESS NAME (Types) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS
	certificate body was r rs: (1) An a D.O.A. at c ased prior	The second secon
	E S S S S	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Stote)
	VS: VS:	BURIAL 3-19-71 Mt COLUEN COM. TB. 4 MJ
	This certif the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	1	
		VS 150-REV ₀ 1/1/68

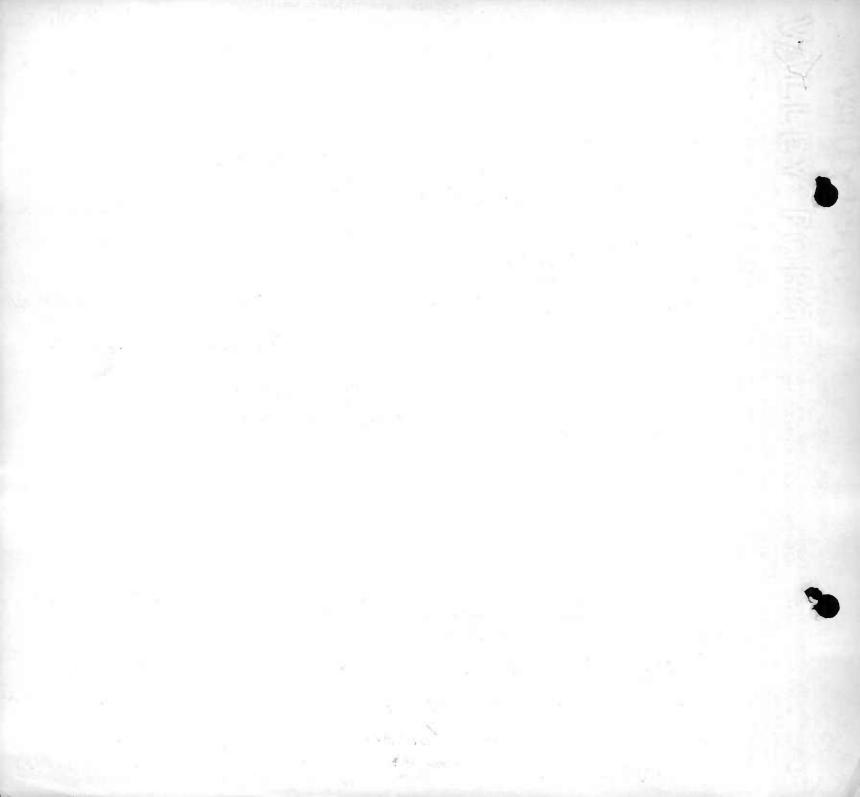


IMPORTAN

DIRECTOR:

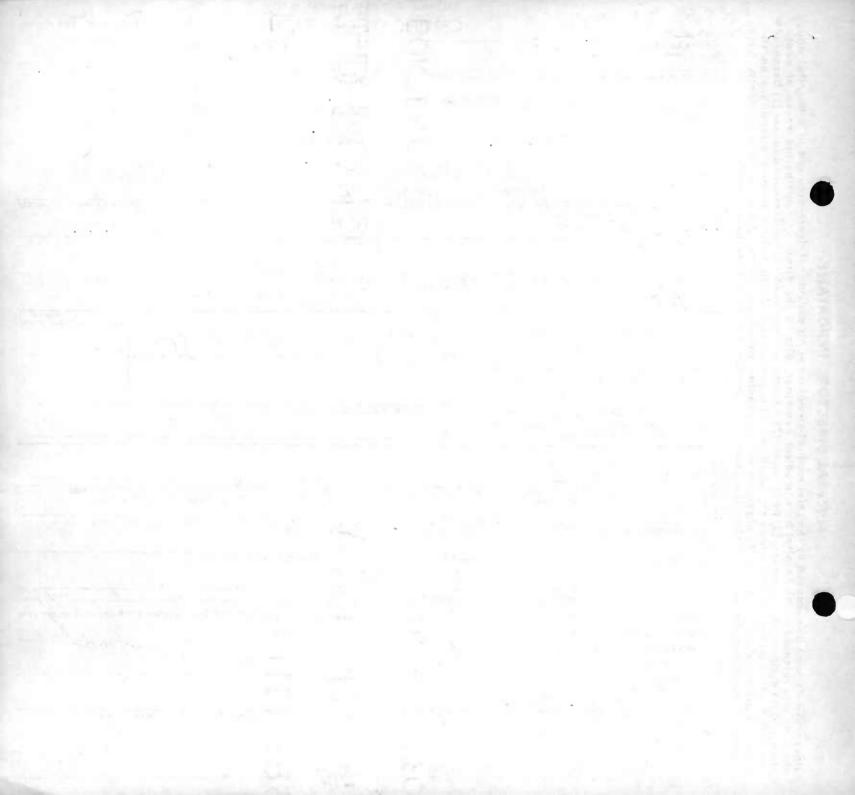
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.				programme and the second
	CERTIFICA	TE OF DEATH	REG. NO	71 2707
	1	2. DATE	AND HOUR OF DEATH	4
Type or Printi Steven Hard	3.5		2/17/77	1 4
3. PLACE IN BALTIMORE MARYLAND, WHERE P		4. USUAL RESIDENCE IV	Vitere deceased lived. If	Institutions residence before admission)
		A. STATE B. CO	UNTY	1205
FULL NAME OF AF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md.	10 101	supe contract
NSTITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
37 Mercy Hospital, 1	Ina	Balto.		YES NO NO
, inspirate,	LIIC •			
SEX 6. RACE 7. MA		310 E. Fod	19. AGE (in years	If Under 1 Yr. If Under 24 Hrs.
M NT	RRIED NEVER MARRIED		lost birthdoy)	Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KI	OWED DIVORCED	7/9/20	50	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if refired	MD OF BOSINESS OF INDUSTRI			
ARKING LOTI ATT		North Carol	ina	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME	
John Hardy		Marie Sta	nler	
5. Was Deceased Ever in U. S. Armed Forces?	1 & SOCIAL	17. INFORMANT		ADDRESS A A
Tes, no or unknown) (If yes, give war or dates of se	rvice) SECURITY NO.	Jan W	ardy 340	6 Fode I DI
110		Onema.	way or	
18/5/91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4119N	DE ADEINA	IN A ME D	7 5011
(This does not mean the mode of dying.	(A) MIMEDIAYE CAL	USE CITICULIVUI	v(1) v1 11	1744CGT
heart failure, asthenia, etc. It means the di	sease,	A CONSEQUENCE OF:		
injury or complication which caused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	States	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	g the (C)			
II	\-/			
	ITING			

TO THE DEATH BUT NOT RELATED TO THE TERM	AINAL			
U 19A DATE OF OPERATION 119% CONDITION	FOR WHICH, OPERATION	20A-AUTOPSYZ (You or	No. 208 IF YES WER	E FINDINOS CONSIDERED
OISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTDEST? (You ou	No. 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A-DATE OF OPERATION 19K CONDITION WAS PERFORME	FOR WHICH OPERATION	7/1/0	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
19A. DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (notify medical examined)	FOR WHICH OPERATION	7/1/0	IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (notify medical examined)	218, PLACE OF INJURY (e.g., home, farm, foctory, street, e	in or about 21 G. WHERE DIE	in Certiffing C	AUSES OF DEATH?
19A. DATE OF OPERATION 19K CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) [Hour	218, PLACE OF INJURY (e.g., home, form, foctory, street, e	in or about 21G WHERE DIE ffice bidge INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
19A-DATE OF OPERATION 19A CONDITION WAS PERFORME! 21A-ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 OR CONTRIBUTING 1 OF COMMENT OF C	218, PLACE OF INJURY (e.g., home, form, foctory, street, e	in/er ebout 21G. WHERE DIE	in Certiffing C	AUSES OF DEATH?
19A. DATE OF OPERATION 19K CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) [Hour	218, PLACE OF INJURY (e.g., home, farm, foctory, street eff.) 218, INJURY OCCURRED While At Not White At Work	in/er ebout 21G. WHERE DIE	in Certiffing C	AUSES OF DEATH?
19A-DATE OF OPERATION 19K CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 OF CONTRIBUTING 1 CAUSE OF DEATH (notify medical examined) 21D-TIME (Month) (Day) (Year) [Hour (APPROX.)	POR WHICH OPERATION AT THE PLACE OF INJURY (e.g., home, ferm, foctory, street, eet) 21E INJURY OCCURRED While At Not White At Work Not Work Not Work Not Work Not Work	in or about 21G. WHERE DIG	(If In Boltim	ore City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manih) (Day) (Year) (Hour (APPROX.) 22. 1 certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally	218. PLACE OF INJURY (e.g., home, form, foctory, sheet etc.) 218. INJURY OCCURRED While At Not Whith At Work Indeed the deceased from	in/er about 21G. WHERE DIG ffice bidg. INJURY OCCUR 21f. HOW DID	in Certifing C	ore City, give exact location)
19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (notify medicol examined) 21D. TIME (Month) (Day) (Year) [Hour (APPROX.)] 22. 1 certify that (I) (this hospital) after	218. PLACE OF INJURY (e.g., home, form, foctory, sheet etc.) 218. INJURY OCCURRED While At Not Whith At Work Indeed the deceased from	in/er about 21G. WHERE DIG ffice bidg. INJURY OCCUR 21f. HOW DID	in Certifing C	ore City, give exact location)
19A-DATE OF OPERATION 19A-CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (notify medical examined) 21D-TIME (Month) (Day) (Year) [Hourd OF INJURY (APPROX.) 22. 1 certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally and hour and from the couses stated about 19A-DEATH	PER WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street e etc.) 218. INJURY OCCURRED While At Not Whit Work Indeed the deceased from re on ove. (I) (We) (did) (did not)	in or about 21G. WHERE DIG ffice bidg, INJURY OCCUR 21f. HOW DID ie	in Certifing C	ore City, give exact location) 19 pinion death occurred on the date
19A-DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME (Manth) (Day) (Year) [Hour Of INJURY (APPROX.)] 22. 1 certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally and hour and from the causes stated above 123A-7IGN ATURE)	218. PLACE OF INJURY (e.g., home, farm, factory, street etc.) 218. PLACE OF INJURY (e.g., home, farm, factory, street etc.) 218. INJURY OCCURRED While At Not White At Work Indeed the deceased from	in or about 21G. WHERE DIG ffice bidg, INJURY OCCUR 21f. HOW DID 19 2 and view the body after dear	in Certifing C	ore City, give exact location) 19 pinion death occurred on the date
21A. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manth) (Day) (Year) [Hour OF INJURY (APPROX.) 22. 1 certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally and hour and from the couses stated above 23 and 5 (Charles) and hour and from the couses stated above 23 and 5 (Charles) and 17 (Type)	218. PLACE OF INJURY (e.g., home, form, foctory, sheet etc.) 218. INJURY OCCURRED While At Not Whit At Work Indeed the deceased from ove. (1) (We) (did) (did not) DEGREE Physical	21f. HOW DID 21	in Certifing C (if in Boltim INJURY OCCUR? 19 to I that in(my) (our) of the country Staff Phys.	ore City, give exact location) 19 pinion death occurred on the date
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manith) (Day) (Year) (Hour Of INJURY (APPROX.) 22. 1 certify that (J) (this hospital) after that (I) (we) lost saw the deceased ally and hour and from the couses stated about 23A-SIGNATURE) 23C. PHYSICIAN'S NAME (Type) Martin E. Zipser	218. PLACE OF INJURY (e.g., home, form, foctory, street etc.) 218. PLACE OF INJURY (e.g., home, form, foctory, street etc.) 218. INJURY OCCURRED While At Not White At Work Indeed the deceased from ove. (1) (We) (did) (did not) DEGREE Phy	21f. HOW DID 22f. HOW DID 23D. ADDRESS	in Certifing C (if in Boltim INJURY OCCUR? 19 / to I that in(my) (our) of the country tal	plnion death occurred on the date
19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OF CONTRIBUTING 1 CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally ond hour and from the causes stated about 23A-71CHATURE 23C. PHYSICIAN'S NAME (Type) Martin E. Zipser 24A. BURIAL CREMATION, 124B. DATE	218 PLACE OF INJURY (e.g., home, ferm, foctory, street, etc.) d 218 INJURY OCCURRED While At Not White At Work Indeed the deceased from the one one of the occurrence on the occurrence of the occurrence on the occurrence of the occurrence on the occurrence of the occurrence of the occurrence of the occurrence occurrence of the occurrence occurrence of the occurrence	21f. HOW DID 22f. HOW DID 23D. ADDRESS	in Certifing C (if in Boltim INJURY OCCUR? 19 / to I that in(my) (our) of the country tal	ore City, give exact location) 19 pinion death occurred on the date
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manith) (Day) (Year) (Hour Of INJURY (APPROX.) 22. 1 certify that (J) (this hospital) after that (I) (we) lost saw the deceased ally and hour and from the couses stated about 23A-SIGNATURE) 23C. PHYSICIAN'S NAME (Type) Martin E. Zipser	218. PLACE OF INJURY (e.g., home, form, foctory, street etc.) 218. PLACE OF INJURY (e.g., home, form, foctory, street etc.) 218. INJURY OCCURRED While At Not White At Work Indeed the deceased from ove. (1) (We) (did) (did not) DEGREE Phy	21f. HOW DID 22f. HOW DID 23D. ADDRESS	in Certifing C (if in Boltim INJURY OCCUR? 19 / to I that in(my) (our) of the country tal	plnion death occurred on the date
19A-DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OF CONTRIBUTING 1 CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally ond hour and from the couses stated about 23A-7IGNATURE 23C. PHYSICIAN'S NAME (Type) Martin E. Zipser REMOVAL (Specify) Burel 20/7/	218. PLACE OF INJURY (e.g., home, ferm, foctory, street etc.) d 218. INJURY OCCURRED While At Not White At Work Indeed the deceased from the over the occupant of the occupant of the occurrence on the occupant of the occ	21f. HOW DID 22f. HOW DID 23D. ADDRESS	in Certifing C (if in Boltim INJURY OCCUR? 19	plnion death occurred on the date
19A-DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OF CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) [Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally ond hour and from the couses stated about 23A-TIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. N	218. PLACE OF INJURY (e.g., home, form, foctory, sheet etc.) 218. PLACE OF INJURY (e.g., home, form, foctory, sheet etc.) d 218. INJURY OCCURRED While At I Not Whit At Work Inded the deceased from ove. (I) (We) (did) (did not) DEGREE Physics 24C. NAME of CEMETERY of CR	in or about 21C, WHERE DIE ffice bidg, INJURY OCCUR 21f. HOW DID 19	in Certifing C (if in Boltim INJURY OCCUR? 19	plnion death occurred on the date 238 DATE SIGNED City, town, or county! (State!
19A-DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21A-ACCIDENT WAS UNDERLYING DEATH (notify medicol examined) 21D-TIME (Month) (Day) (Year) [Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) lost saw the deceased ally ond hour and from the couses stated about 23A-3IGNATURE) 23C. PHYSICIAN'S NAME (Type) Martin E. Zipsen 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 320/7/ 15A. DATE REC'D BY HEALTH DEPT. 25B. N	218. PLACE OF INJURY (e.g., home, ferm, foctory, street etc.) d 218. INJURY OCCURRED While At Not White At Work Indeed the deceased from the over the occupant of the occupant of the occurrence on the occupant of the occ	in or about 21C, WHERE DIE ffice bidg, INJURY OCCUR 21f. HOW DID 19	in Certifing C (if in Boltim INJURY OCCUR? 19	pinion death occurred on the date 238 DATE SIGNED City, lown, or countyl (State)

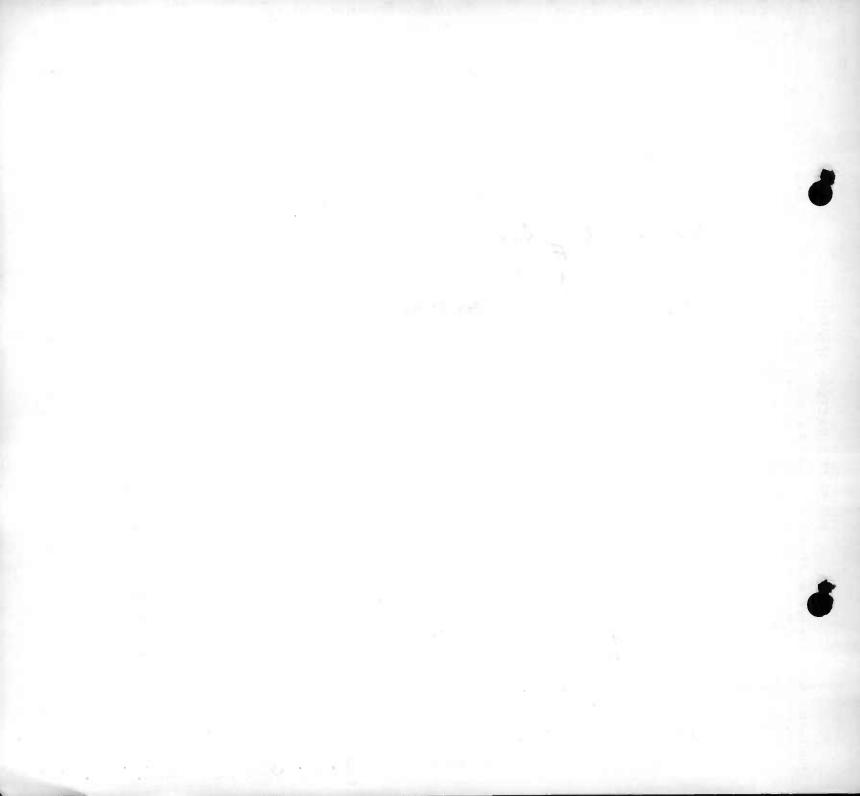


			BALTIMORE CIT	Y HEALTH DEPARTMEN	IT	000
BIRTH NO. 1	2708		CERTIFICA	ATE OF DEAT		
(Type or Print)		ank G.	Frana		and Hour of Deat	
3. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONC	UNCED DEAD	14. USUAL RESIDENCE		institution: residence before admis
FULL NAME OF HOSPITAL OR INSTITUTION			IUTION, GIVE STREET	Maryland C. CITY OR TOWN	COUNTY	1102
				Baltimore		NSIDE CITY LIMITS?
				E. STREET AND NUMB		YES NO
00	15 W. Madi	son St	reet		dison Street	t
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
M	W	WIDOWED	DIVORCED T	6-8-1893	lost birthdoyl	If Under 1 Yr. If Under 24 Months Doys Hours Mi
10A, USUAL OCCU	PATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COU
Dental Te	orking life, even it relired)	1	Employed	Austria	total guident,	
13. FATHER'S NAM		1 001.	Zinployed	14. MOTHER'S MAIDEN	NAME	U.S.A.
	nknown			Unknow		
[Yes, no or unknown]	Ever in U.S. Armed For Off yes, give war or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			213-30-8474	Mrs. Ethe	el W. Frana	Same
18. / 6 0	/ 1		CAUSE OF DEAT	H		APPROXIMATE INTERV
1	OR CONDITION DI		(A) IMMEDIATE CAL	D.I. Den	rowhage	BETWEEN ONSET AND D
heart failure.	l mean the made of esthenio, etc. 11 means	dying, e.g.,	D115 To	A CONSEQUENCE OF:	******************************	
injury ar camp	lication which caused	death.)		4	<	1 1/ "
A	NTECEDENT CAUSES		CARM	"Inmalon	~- premary	lune 3/27
DISEASES OF	CONDITIONS, II	ony, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		7/
rise to the	abave cause (A) CONDITION last.	slating the	(c)	N GONGE GENGE OF		
	11		(0/			
E TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO TO NOTION GIVEN IN PAR	HE TERMINAL	***************			
19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING NG CAUSE OF	21 B hom elc.	PLACE OF INJURY (e.g., i ie, farm, lactory, street, of	n or obout 21 C. WHERE DI	D (If In Baltim	are City, give exact lacation)
W OF INTIUM	Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	20	Wh	ile At D Not While	• 🗖 📗		
22 1	1 . (1) (-1					
			he deceased fram		19 6 10	
	ost saw the decease		3/17	19) and	d that in (my) Lour) of	olnian death accurred an the
and hour and	fram the causes stat	ed above. (1) (ME) (did) (did not) v	lew the bady after dea	th.	
23A. SIGNATUR	7	- 11	1	,		238, DATE SIGNED
(M)	and to	Melm	DEGREE Phys		Staff Phys.	3/17/71
23C. PHYSICIAN NAME (Typ		rice F		6610 Cross	s Country B	lvd.
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B, DATE	24C. N/	AME of CEMETERY of CRE	MATORY 241	D. LOCATION (C	City, tawn, or county) (State
Burial	3-20-1		arkwood Cen		Parkville,	Md
25A. DATE REC'D I	AR 18 1971	SE NAME C	Madey M. D.	25C. FUNERAL DIRECT	TOR THEIRS & Son	Balto:, Md. 212
VS 150-REV. 1/1/68				-1-6		



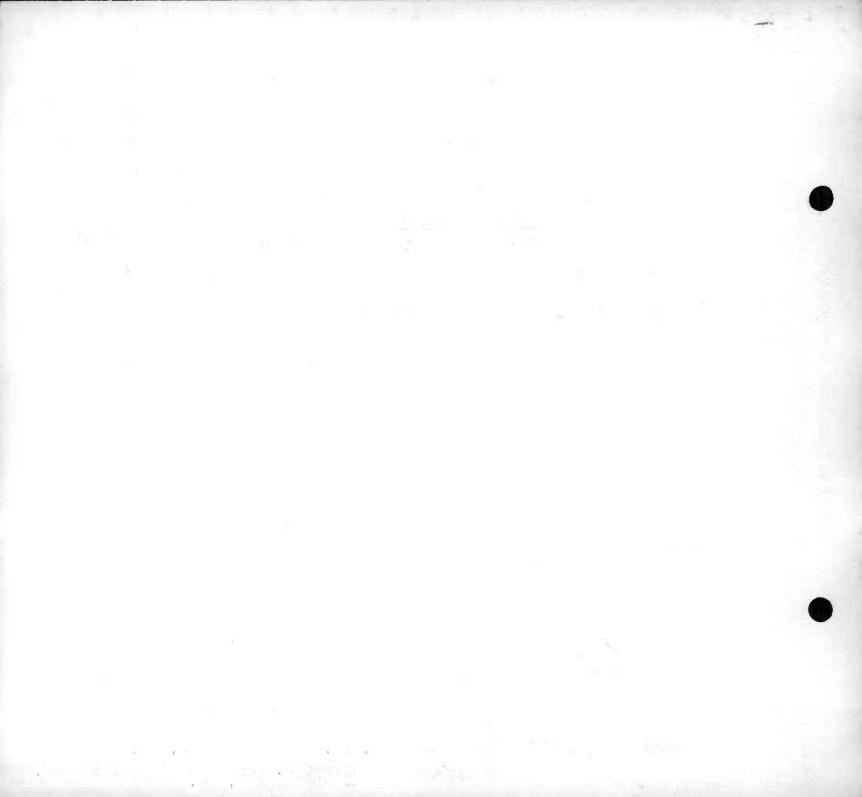
VS 150-REV, 1/1/68

BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO	71 2709
1. NAME OF DECEASED	2. DATE AND HOUR OF DEAT	1
BEULAH T. CROCKETT	3/17/7	1 / 00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed Kved, If	institution: lesidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mo.	2714
1/4/	0	SIDE CITY LIMITS?
7/	E. STREET AND NUMBER	YES NO
THE UNION MEMORIAL HOSPITAL, BALT.	4827 Royans Av	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yi. , If Under 24 His.
F WHITE WIDOWED DIVORCED	6/14/95 lost birthdoy!	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	MARYLAND	
HOMEMARER Own Home		USA
1 tor	14. MOTHER'S MAIDEN NAME	
FLONZO, 14LL	ANN ELIZABETH	JONES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	MRS. THOMAS COVER	GARRISON, MD.
18. 15 29 CAUSE OF DEA	H COVER	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Carem	oma «/ Panezeas.	BETWEEN ONSET AND DEATH
(A)IMMEDIATE CA	USE	
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	
injury ar complication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A. ise to the obove cause (A) stating the	A CONSEQUENCE OF:	***************************************
UNDERLYING CONDITION last.		1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE	FINDINGS CONSIDERED
W 21A. ACCIDENT WAS INDERLYING [7]	y Z 3	YES
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, of DEATH (notify medical examined)	ifice bldg., INJURY OCCUR?	re City, give exact location)
O		
21D.TIME (Month) IDoy) IYeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While AI No! Whi	° 🔲	
22. I certify that (I) (this hospital) attended the deceased from	MARCH 14 19 7/ to /	MARCH 17 19 71
that (1) (we) last saw the deceased alive an MARCH /	7	inian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did not)	,	nian death accurred an the date
23A- SIGNATURE	lew the bady after death.	
AHV AHV	nding Med. Staff	23 B. DATE SIGNED
Phy	Director Phys.	3/17/71
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	11-00
DR K. KAU DEGREE	UNION MEHORIAL	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR.		ty, town, or county) (Stotel
Burial 3-19-1971 Druid Ridge		Md.
MAR 18 1971	25C. FUNERAL DIRECTOR H. W. Jenkins & Son	ADDRESS
BUTTLE S BY THEFT MINASCHED LESS SECTION AND ADDRESS OF THE PARTY OF T	1906 Yark Road Ba	alto., Md. 21212



VS 150-REV. 1/1/68

	174 9m44 CERTIFICA	ATE OF DEATH REG. No. 71 2711
	NAME OF DECEASED	ATE OF DEATH
	ype or Print)	2. DATE AND HOUR OF DEATH
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived. II institution: residence below odmission) A, STATE B. COUNTY
FH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	5-2-24 Kramme Ave Bel. Mg
	South Baltimore Gen. Hospital	Baltamere YES NO X
		5224 Kramme Ave
5.	male 6. RACE 7. MARRIED NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 9. AGE (In yours lost birthdoy) If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working tile, even if retired) Diesel Machinist	THE COUNTRY
13	FATHER'S NAME	N. J. U.S.
	1	14. MOTHER'S MAIDEN NAME
1	Angelo Dellamonico (Dec,	July Chilich, Chec J
(Y	Was Decembed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
	No xxnxxnawn 053-07-87/2	AA chart
	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CA! (DUE TO COURSE	USE General Calcinomatorin
	head foilure, asthenia, etc. II means the disease, injury or camplication which caused death.)	A CONSPQUENCE OF:
	ANTECEDENT CAUSES	
		Loton Cascinoma
		A CONSEQUENCE OF:
	UNDERLYING CONDITION last, (C)	
z	OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART I (A). 1994-DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	2 No (but 17 grs ago)	IN CERTIFYING CAUSES OF DEATH?
11	21A. ACCIDENT WAS UNDERLYING 7 ZIR PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If In Boltimore City, give exect location)
정	DEATH (notify modical examined) home, form, factory, street, of etc.)	lice bidg. INJURY OCCUR?
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX) While At [] Not While	
	22. 1 certify that (I) (this hospital) attended the deceased fram	
	that (1) (we) last saw the deceased alive on March 1	March 3 - 197/ to March 16 19 7/ 6 19 7/ and that In(my) (our) opinion death occurred on the date
	and have and from the causes stated above. (1) (We) (did) (did not) v	lew the body after death.
	23A. SIGNATURE	23B, DATE SIGNED
		nding Med. Staff M
	22C BUYELCI AND	23D. ADDRESS
	Kung Soo Pana	South Baltimme Gen Hospital
24/	A BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CRE	
	Burial 3/20/71 Glen Haven Me	m. Pk. Glen Burnie, Md.
25/	IVIAK 1 8 1971 Page E. Jabe AD	25C, FUNERAL DIRECTOR
	IIIUII TO 1211. Acheraic Janoth 470	George J. Gonce 4001 Ritchie Hgy. Baltimore, Md. 21225



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death

IMPORTANT

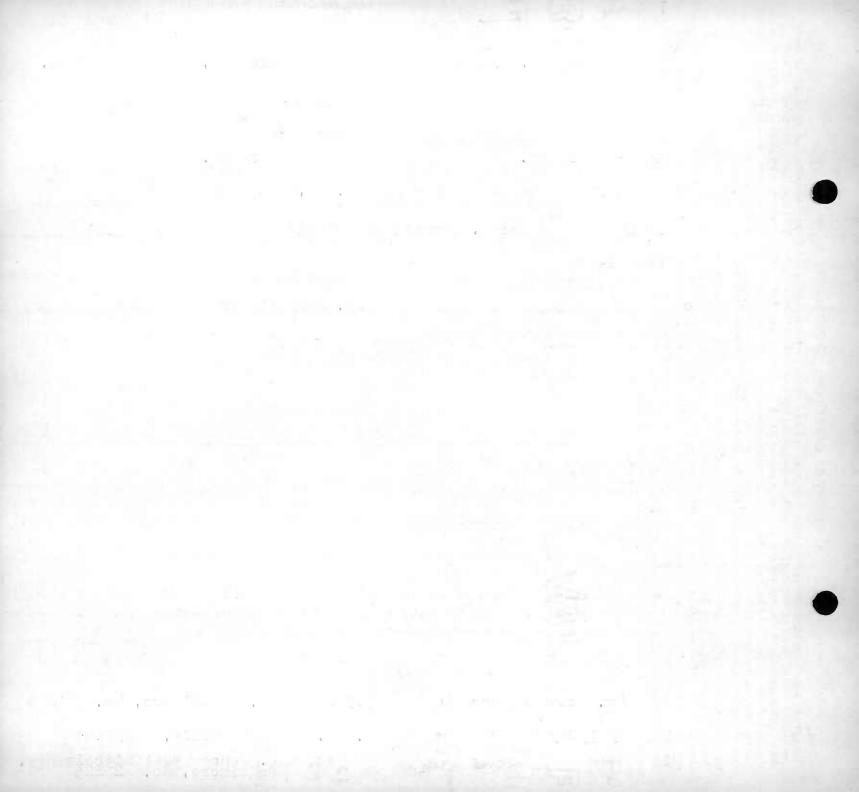
DIRECTOR:

FUNERAL

chief medical

VS 1S0-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



- 1		6 June 1	10					REG
BIRTH NO. CERTIFICATE OF DEATH							NEO.	
	AME OF DECE						2. DATE	AND HOUR O
· y p	o or runu	Ball:	ing, An	na Eli	zabeth			rch 16,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						A STAT	L RESIDENCE IW	here deceased UNTY
FUI	L NAME OF	UE NOT	IN HOSPITAL	OR INSTITU	TION. GIVE STREET		Maryland	Balti
HO NS	LL NAME OF				TION, GIVE STREET	C. CITY	OR TOWN	
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_	5/		Easter			E. STRE	ET AND NUMBER	
		Balt:	imore,	Marylar	nd 21224	370	0 North P	oint Rac
. 5	EX	6. RACE	7.	MARRIED [NEVER MARRIED	8. DATE	OF BIRTH	9. AGE Un
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_	Retire			Dat co	Olty			
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5. \	Was Deceased	Ever in U. S.	Armed Forces	and a	6. SOCIAL	17. (NFO	RMANT	
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	injury or com			eath.)	/	2 1	0	ablec
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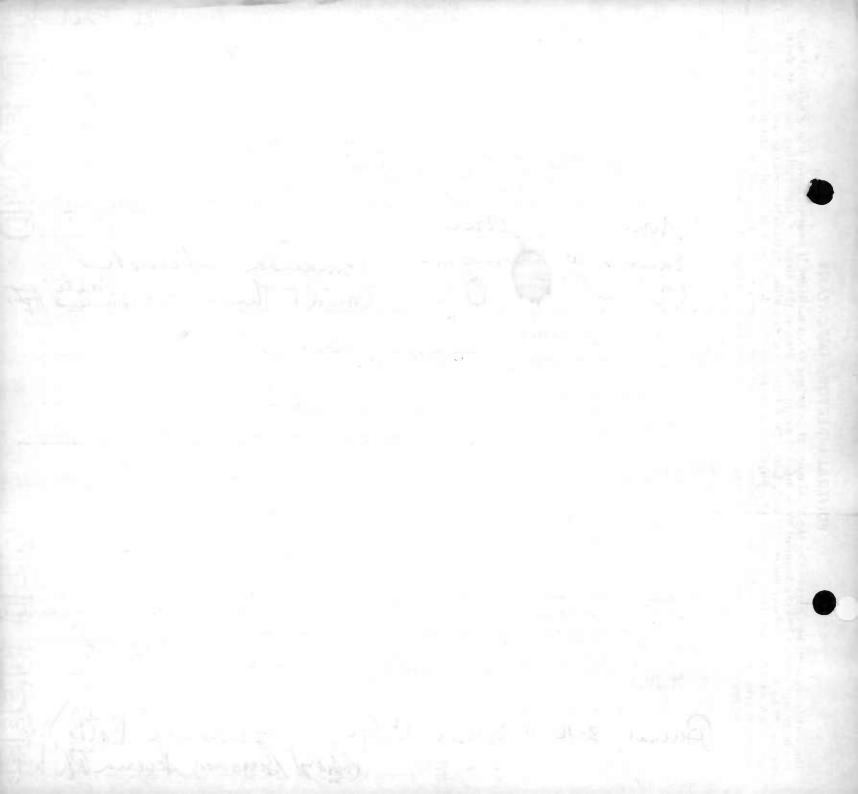
11:15 Il institution residence before admission) INSIDE CITY LIMITS? YES XXXXX Trailer Camp Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS stern Avenue Maryland 21224

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 45 heas ERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact location) opinion death occurred on the dote 238, DATE SIGNED 3.16.71 O Eastern Avenue timore, Maryland 21224
(City, town, or county) (State) Ritchie Hgy. 21225

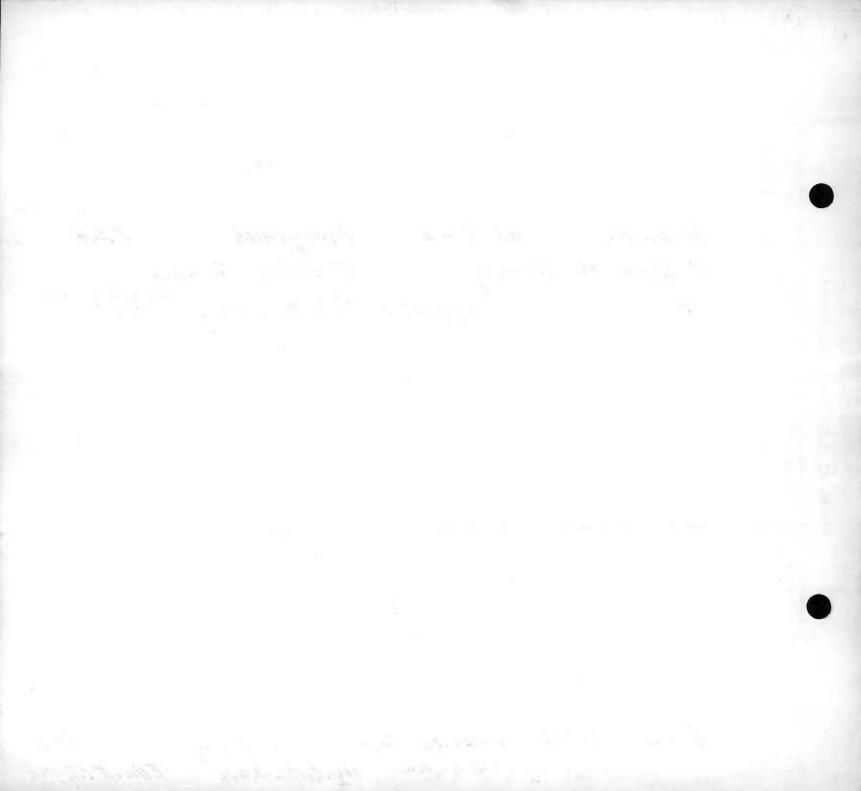
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1	512	and (6) No physician was in regular attendance on the deceased prior to death. Such contained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased to the contribution of any hospital and the contribution of any hospital and the contribution of any kind; (4) And occident of any nature, (2) Body burns; (3) A fracture of any kind; (4) And occident of any nature, (5) Deceased to the contribution of any kind; (5) Deceased to the contribution of any kind; (6) Deceased to the contribution of any kind; (6) Deceased to the contribution of any kind; (7) Deceased to the contribution of any kind; (8) Deceased to the contribution of any kind; (9) Deceased to the contribution of any kind; (1) And occident of any kind; (1) And occident of any kind; (2) Deceased to the contribution of any kind; (3) Deceased to the contribution of any kind; (4) Deceased to the contribution of any kind; (5) Deceased to the contribution of any kind; (6) Deceased to the contribution of any kind; (7) Deceased to the contribution of any kind; (8) Deceased to the contribution of any kind; (8) Deceased to the contribution of any kind; (9) Deceased to the contribution of any kind; (9) Deceased to the contribution of any kind; (1) Deceased to the contribution of any kind; (2) Deceased to the contribution of any kind; (3) Deceased to the contribution of any kind; (4) Deceased to the contribution of any kind; (4) Deceased to the contribution of any kind; (5) Deceased to the contribution of any kind; (6) Deceased to the contribution of any kind; (6) Deceased to the contribution of any kind; (6) Deceased to the contribution of any kin	₹ 0 €

mid Owid A		HEALTH DEPARTMENT	250 110	74 274 8					
BIRTH NO. 71 2714	CERTIFICA	TE OF DEATH	REG. NO	11 6/14					
Type of Print EDALA THOMPSON			3/17/7	1 /1 A M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Whe	ne decoased lived. If i	nstitution: residence before admission)					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FUNION AFMORIAL HOSPITAL 33RD Y CALVERT ST.3		MP		1202					
		C. CUTY OR TOWN	D. INS	IDE CITY LIMITS?					
		E, STREET AND NUMBER		YES NO					
		3003 N. CHARLES 51							
MONNIED MANNIED IA		& DATE OF BIRTH	9. AGE iin years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.					
CAUCASIAN WIDOW		10/12/82	88						
done during most of working life, even if selfred)									
None Vone		MI).		0,5,1					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Edward W. hompson		Guande French							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ogunjinown) (If yes, give war or dotes of service)	SECURITY NO.	17. INFORMANT	P	ADDRESS .					
10	J -	Daruel +-1	homas "	327 Howeland /pl.					
18, 4 = 6 1	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY									
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving (A) IMMEDIATE CAUSE Output of Conduction of Co									
					rise to the above cause (A) stating UNDERLYING CONDITION last.	the			
						(C)			
					OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	16			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION 19B. CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING	20A. AUTOPSYZ (Yes or N	O) 208. IF TES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?						
U 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., home, farm, factory, street, o	n or about 21 C. WHERE DID	(II In Boltimo	re City, give exoct location)					
DEATH (notify medical examined) 210-71ME (Month) (Day) (Year) (Hour)	etc.								
O 21D-TIME (Month) (Doy) (Year) (Hous)	21E INJURY OCCURRED	21F, HOW DID IN.	URY OCCUR?						
(APPROX)	While At Work Not While Work	• 🗆 🏸	1						
22. I certify that (1) (this hospital) attended	ed the deceased from	3/1/	19 7/ 10 "	3/19/19//					
thoy (1) (we) last sow the deceased alive of	1 1 2	19 7 and th	not In (my) (our) op	Inion death occurred on the date					
and hour and from the causes stated above	. (I) (We) (did) (did not) v	view the body after death.							
23A, SIGNATURE									
the M. Jegully 9. Degree Phys. Director Phys. 3/14/7/									
23 C.PHTSICIAM'S NAME (Type)		23D. ADDRESS	(
MONALD CY. LEGUY DEGREE UNION MEMORIAL HOSPITAL									
24A SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORT 24D LOCATION (City, town, of county) (State)									
Bunel 3-16-71 Drud Ridge Tikesulle, Selly Mis									
25%, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS,									
MAR 19 1971 Polle E. Jalley M.D. Jobel of Sarganes, Severna Ph. Ind									
VS 150-REV. 1/1/68									



VS 150-REV. 1/1/68

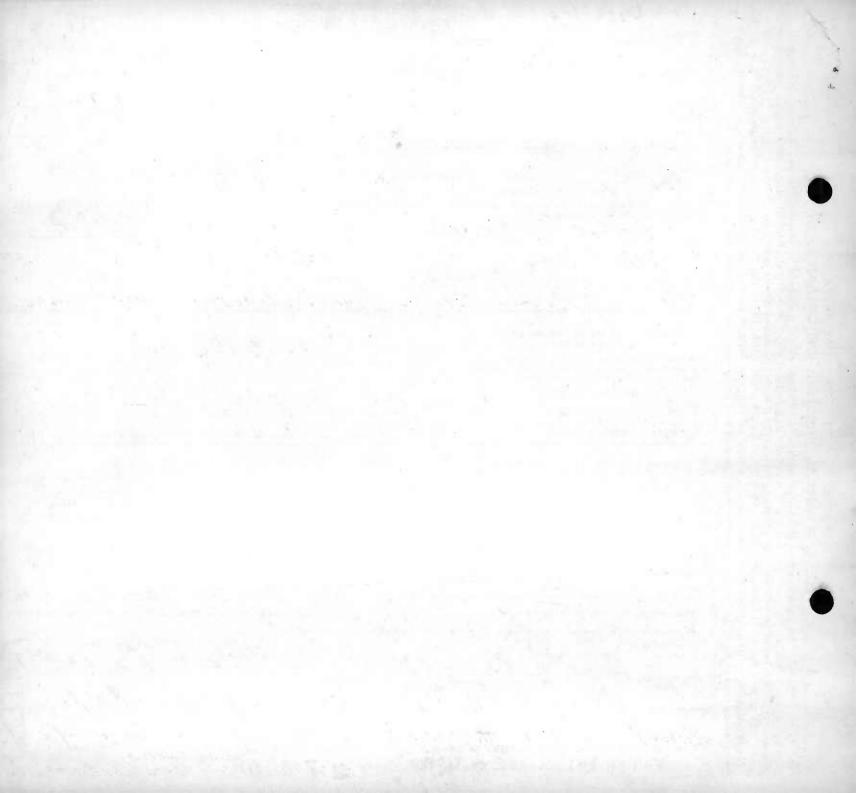


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1 69-02105		Y HEALTH DEPARTMENT	- H. O. A. C.
BIRTH NO. 71 2717	CERTIFICA	TE OF DEATH X REG.	No. /1 2717
1. NAME OF DECEASED (Type or Print)	16. Chr.	2. DATE AND HOUR OF	DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	red. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	14	
HOSPITAL OR ADDRESS OR LOCATION	N)	C. CITY OR TOWN	odle 5200
23ml Tales Handsin	- II 1	GLEU /SULNIE' E. STREET AND NUMBER	YES NO
35The Johns Hopkins	s Hospital		ACE
11/11/11	MARRIED NEVER MARRIED X	3. DATE OF BIRTH 2-04-69 9. AGE (In ye lost bigthday)	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if retired)		11. BirthPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	BAITIMOVE, MA	u.J. H.
13. FATHER'S NAME		Patricia Libby	
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADD#6SS
Yes, no or unknown) (If yes, give wor or dotes of	20	Mr Aplata Cornel	(Lather) Same
18. 1 9 2 9 1	CAUSE OF DEAT	H William William	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIREC	TLY	1 1 1 1 1 -t	BETWEEN ONSET AND DEATH
(This does not meen the mode of dyi	ing, e.g., (A)IMMEDIATE CAI	A CONSEQUENCE OF:	aros
heart failure, osthenio, etc. It meons the injury or complication which caused dec	diseose,	A CONSTRUCTION /	
ANTECEDENT CAUSES	(a) The	listatic melullol	astoni
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) sto	3	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART 1	ERMINAL	3	
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
2		ye v	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	office bldg., INJURY OCCUR?	Ballimore City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (H	tour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D.TIME (Month) (Doy) (Year) (FOF INJURY (APPROX.)	While At Not Whi Work At Work	le 🔲	
22. I certify that (I) (this hospital) of	tended the deceased fram	~2 - 9 19 7/ to	3-17 19 7/
that (1) (we) last saw the deceased o			ur) opinion deoth occurred on the dote
and hour and from the couses stated	obave (I) (We) (did) (did not)	view the body ofter deoth.	loss mark et aven
23A. SIGNATURE		ending Med. Staff	23 B. DATE SIGNED
23C. PHYSICIAN'S	O Lave DEGREE Phy	23D. ADDRESS	3-11-11
NAME (Type)	. Fhand	Labore Holk	is Hach.
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of SEMETERY OF CR	EMAJORY 24D. LECATION	(City, town, or county) (Stote)
But al (Specify) 3/19/21	Apertonsuille	Cometery Lustonsuit	le Montgomery Co Ma
25A. DATE REC'D BY HEALTH DEPT. 258	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ANDI	inden ADDRESS
MAK 19 19/1 Vage	BE table Kal	O Singleten funcialis	Jame Color Burne, and.
'S 150-REV. 1/1/68			



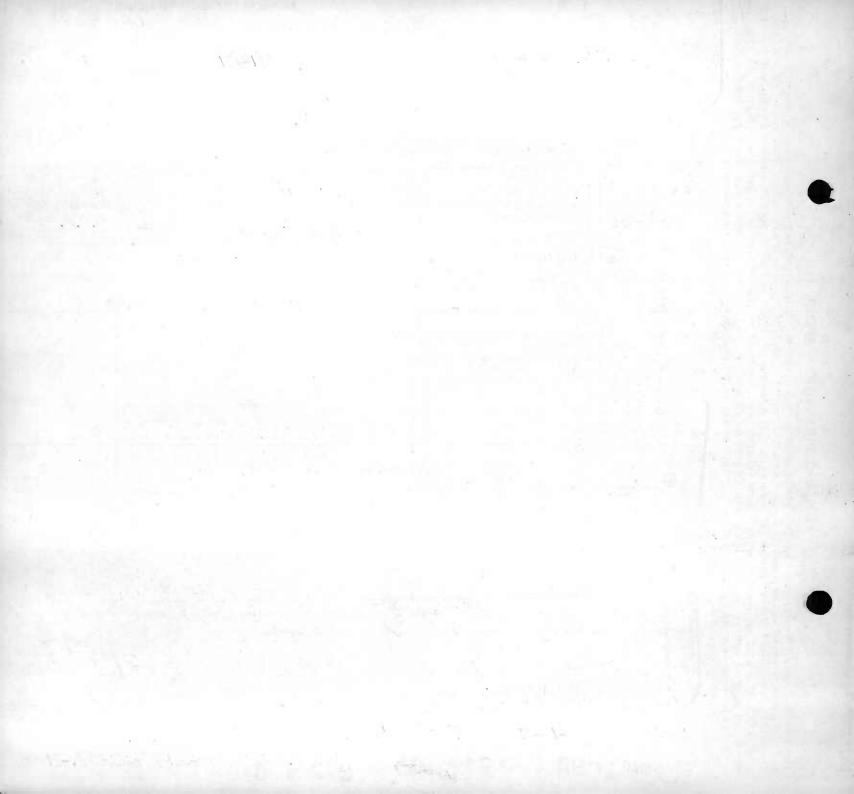
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	BALTIMORE CITY HE				
71 2718 MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	4, 4	
BIKIH NO.			REG, NO	11 2718	
1. NAME OF DECEASED (Type or Print) FORREST WI	LLS	2. DATE Known K OF DEATH Estimated	March 10,	1971 9:37	7 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE PRONOUNCED DEAD	Month Doy	Yeor Hour	
HOSPIAN OCATIONY	MEMUED	5. USUAL RESIDENCE (Where	March 10,	1971 9:37	A. M.
3 // Bon Secours Hospita	1 8-5-71	A. STATE Maryland	B. COUNTY	190)
	ED X NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?	
Male White WIDOW		Baltimore		ES T NO	
9. DATE OF BIRTH 10. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER			
7/23/1907 63		437 S. Pa	rrish Street		
	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
Virginia	USA	Harry Wills			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even If retired)	OF BUSINESS OR INDUSTRY		IE		
		Nannie Mays			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn) (If yes, give war or dates of service)		IB. INFORMANT	A	DDRESS	
Yes WW 2	579-03-7142 CAUSE OF DEA	Anastasia H.Wil	ls.Wife, same	as 5 E	NTERVAL
44/21	CAUSE OF DEA	ın		BETWEEN ONSET	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		AUSE Massive retro	poritoncal h	omowthaga	
(This does not mean the made of dying, e.g.,	(A)IMMEDIATE C	AS A CONSEQUENCE OF:	periconear no	emorriage	
heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	Ruptu	red arterioscler	otic abdomin	a 1	
ANTECEDENT CAUSES			neurysm		
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(c)				
Š II	(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION F	NG NAL				
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes	or No)
T.KO				Yes	
	28. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (1 bldg., etc.) INJURY OCCUR?	f in Baltimore City, give ex		
UTING CAUSE OF DEATH.	iome, iorm, iocidry, sireer, dirice	s biog., eic.) ildoki Occoki			
22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)		22F. HOW DID INJ	URY OCCUR?		
23.					
I certify that I held on Inquiry	Inspection Aut	topsy and that on th	is basis, death In my	opinion	
resulted fram: Natural couses	Accident Suicid		ndetermined manner	X	
ACTUAL SIGNATURE	Springathio	CHIEF MEDICAL EX	5-3	DATE SIG	NED

EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER March 11, 1971 NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) ery Bladensburg, Burial Burial 3/15/71 25A. DATE REC'D BY HEALTH DEPT. Ft. Lincoln Cemetery Md . ADDRESS VS 151-REV. 1/1/68

Letter from M.E.'s office 8-5-71 M.H.

0.40	BALTIMORE CITY	HEALTH DEPARTMENT		71 2719
BIRTH NO. 71 2719	CERTIFICA	TE OF DEATH	REG. NO	11 6/10
I. NAME OF DECEASED Type of Print) Albina Polivkova Kra	zol	2. DATE AN	HOUR OF DEATH	7:30 %
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	<i>a</i>	4. USUAL RESIDENCE (Whe	e deceased lived. If i	nstitutian: residence befare odmiss
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) NSTITUTION	N, GIVE STREET	Pich		2744
NSTITUTION		C. CITY OR TOWN	D. INS	YES NO NO
00 5600 Carter Avenue		E. STREET AND NUMBER 5600 Carter	Ave.	
Female 6. RACE 7. MARRIED N WIDOWED	DIVORCED [Sept. 23, 1895	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Days Haurs Min
0A. USUAL OCCUPATION (Give kind of wark 108, KIND OF 8US lane) during most of sorking life, even if refired)	INESS OR INDUSTRY	Czechoslovak	ia	U.S.A.
3. FATHER'S NAME Frank Polivkova		14. MOTHER'S MAIDEN NA	Napravnik	
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No -	CAUSE OF DEATH	Henry Kragl -5	600 (arter	Avenue A PPROXIMATE INTERVA
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 119A-DATE OF, OPERATION 198. CONDITION FOR WHIC	Clim	a CONSEQUENCE OF: ARCHAGO CONSEQUENCE CON	releifer	FINDINGS CONSIDERED
WAS PERFORMED			9	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF hame, for DEATH (notify medical examine)	im, factory, street, off	ar about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimo	re City, give exact location)
21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (APPROX.) While At Wark	URY OCCURRED Not White At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended the dithat (I) (will) last saw the deceased alive an and from the causes stated above. (I) (Will)	a 140	19 7/ and th	at in (my) (syft) ap	inian death accurred an the
23A. SIGNATURE Degle Mutga	Atter OEGREE Phys.	Med. Director	Staff Phys.	3/S/7/
23C. PHYSICIAM'S NAME (Type) N	of CEMETERY of CREA	30. ADDRESS 300 9 50 6 MATORY 240. L	PRINTE OCATION (C	NNE BIR
Burial 3-17-71 St.	Michael's	Lutheran	Peary Hall	, Md.
25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF RE	Gen Aca !	John C. Mill	er Inc-6415	Belair Rd21200
S 150-REV. 1/1/68	and the same			



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FUNERAL DIRECTOR: IMPORTANT	ig a	1S;	as
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	500	WS A	100
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
	-	w >	0 >

	BALTIMORE CITY	HEALTH DEPARTMENT		territoria de la companya della companya della companya de la companya della comp
BIRTH NO. 71 2720	CERTIFICA	TE OF DEATH	REG. NO	71 2720
1. NAME OF DECEASED (Type or Print)	Leva C.	2. DATE AN	HOUR OF DEATH	17:45 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	Maryland, c. city or town	Baltin	DE CITY LIMITS?
4 Gerior Memorial	Ho spital	E. STREET AND NUMBER	- 1 0	YES NO
5. SEX 6. RACE, 7. AS ADDICE				n ve
Female White WIDOWE	DIVORCED DIVORCED	8. DATE OF BIRTH	ast birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months; Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreig	n country)	12 CITIZEN OF WHAT COUNTRY?
HOWF.		Marylan	4	0.5.A.
13. FATHER'S NAME J. HELFRICH		MARY O	TTER	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
UNKNOWN	SECURITY NO. 219-12-6102	Anna C	Chapman	Same as
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	derote C	Newasin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CALL		ase	
(This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the discost injury at camplication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:		
ANTECEDENT CAUSES	Probabl	e Preumo	n. e	
DISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:		******************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	TO TO EQUENCE OT		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF he he company	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off c.)	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(II In Boltimor	e City, give exact location)
W IOC IN ILLAY	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	/hile At Not While At Work			
22. I certify that (1) (this hospitet) ottended		02/24 19	1110	7/16 1091
that (1) (we) last saw the deceased olive an	3/16	(7)		nion death occurred on the date
ond hour and from the causes stated above.	(1) ((a) (did not) vi			
23A. SIGNATURE	JUL D Atter	ding Med. M	itaff []	23R DATE SIGNED
23C. PHYSICIAN'S NAME (Typel	DEGREE Phys.	3D. ADDRESS	hys. 🗀	\$ 11,01/1
H. Earl Cot	man, M. D.	M noinh	e maysal	ltosp. tal
24A. BURIAL CREMATION, 24B. DATE 24C. PREMOVAL ISpecify 19MAR 7/ 60	NAME OF CEMETERY OF CREE	MATORY 24D. LO BOLEUM BA	CATION (C)	ty, town, or county) (Stote)
	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 1 9 1971 Palent	E. Jaben M.D.	CHERICH EX	IERAL HOM	E. BALTO, No. 21206
VS 150-REV. 1/1/68	1 1 1	4 / 1		



VS 150-REV. 1/1/68

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71 2723MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	2723
1. NAME OF DECEASED	2. DATE Known Manth Day Y	eor Hour
(Type or Print) ARTHUR J. NELSON, SR.	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Y	ear Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 14 19 5. USUAL RESIDENCE (Where deceased lived. If institution: resid	М.
42 Sinai Hospital	A. STATE Md. B. COUNTY	2102
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED MODIFIED DIVORCED	D. INSIDE CITY LIM Balto. D. INSIDE CITY LIM YES	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) 4. Manths, Days, Hours, Min. 66	E. STREET AND NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	oll Street
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Albert Weles	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Albert Nelson RY 15. MOTHER'S MAIDEN NAME	- T - O
Retired Balto. City Police	Bertha Stine	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	\$
(Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. 212-46-7331	Mrs. Anna Mae Pullen, 936 Coler	idea Rd 2122
No 212-46-7331		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heort failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. A	AUTOPSY? (Yes or No)
	., in or obaut 22C. WHERE DID (If in Boltimore City, give exoct loco	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ice bldg., etc.) INJURY OCCUR?	,
22D. TIME (Manth) (Day) (Year) (Hour) 22E.NJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR? WORK	
23. I certify that I held on Inquiry Inspection A	utopsy and that an this basis, death in my apini	an
	ide Homicide Undetermined monner	
1/1/11/11	CHIEF MEDICAL EXAMINER	
ACTUAL Alastocka /11	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
SIGNATURE MAINER'S Tailore Mihealakis M. D.	ASSOCIATE MEDICAL EXAMINER	2 /1 /. /71
NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE INESTIGATE EXAMINATES	3/14/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
Burial 3-17-1971 Loudon Park C	Cemetery Baltimore, Maryland	i
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF COIST PRO	25C. FUNERAL DIRECTOR ADDRES	SS
MAR 19 1971 Vaper 2	Howard H. Hubbard , 4107 Will	kens Ave. 2122
VS 151-REV. 1/1/68	7777	

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HELD WITCHES THE REPORTER MANAGEMENT

BIRTH NO.	2724			HEALTH DEPARTME	V	71 2724
1. NAME OF DECE	ASED SALLIE	7	J. CHRISTI		ate and hour of deat	4.30
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	IMORE, MARYLAND, WH (IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTITU		4. USUAL RESIDENCE A. STATE Maryland C. CITY OR TOWN	E (Where deceosed lived, If COUNTY Baltimo	ore 5300
00	1117 Pine He Baltimore, M	_		Lansdowne E. STREET AND NUM 3204 Hillt		YES NO 🕅
5. SEX Female	White	· MARRIED [8. DATE OF BIRTH 3-13-1883	9. AGE (In years lost birthdoy) 88	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCU done during most of w Hous ewife 13. FATHER'S NAM	orking life, even if retired)		BUSINESS OR INDUSTRY	Maryla: 14. Mother's Maide Sarah	nd	U S A
15. Wes Deceased IYes, no or unknown)	Ever in U. S. Armed Force (If yes, give wor or doles	of service)	16. SOCIAL SECURITY NO. 212-54-9772	17. INFORMANT Mr. Richard	W. Galloway,	Address 407 Nancy Ave.
heart failure, of injury or comp A DISEASES OF itse To The UNDERLYING	It meon the made of a sthenia, etc. It means to a strength of the strength of	he disease, leath.) ny, giving stating the TRIBUTING		A CONSEQUENCE OF:	cordis-us dise	orculu ?
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF	NDITION GIVEN IN PART	1 (A). ITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	s or No. 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. homelc.)	PLACE OF INJURY (e.g., li e, form, foctory, street, of	n or obout 21C. WHERE fice bldg., INJURY OCC	DID (If to Boltim	nore City, give exoct location)
	(Month) (Doy) (Yeor)		INJURY OCCURRED Not While k Al Work	• 🗆	ID INJURY OCCUR?	
that (I) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAR NAME (Ty	redolin Nureddin	attended th	(We) (did) (did not) v	19 7 () lew the bady after d	eath.	238, DATE SIGNED 3 - 14 - 1971 Balto., Md. 21230
REMOVAL IS Burial	3-16-197		don Park Ceme		Baltimore, Ma	(City, town, or county) (Stote)
25A. DATE REC'D MAR VS 150-REV. 1/1/6	19 1971 R.G	SB. NAME O	F REGISTRAR	25C. FUNERAL DIR	RECTOR	ADDRESS 7 Wilkens Ave. 21229

ger ger TO VIEW AND A THE RESERVE OF THE STATE OF TH

	620	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. NO. 71 2725
	of deatl of deatl Decease e on the	1. NAME OF DECEASED (Type of Print) Albert V. Crough 2. Date and Hour of Death 3/14/71 1 9:33 P. M
	The Def	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
•	hosi Ise (5) and dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ng cau	Arbutus YES NO E. STREET AND NUMBER 1202 Circle Dr. 21227
	ith occurrect contribution determined in regular eceased properties made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
	death or co Undete as in e dece	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Mechanic Ontinental C. Div. Maryland U.S.A.
Z	# (4)	John T. Crough Helen Bratt
TA	assistant if the di ny kind; d death ance on r final di	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) lift yes, give war ar doles of service) No 16. SOCIAL SECURITY NO. 221-05-2528 Mrs. Margaret Crough 1202 Circle Drive 2122
R: IMPORTANT	examiner or his traminer. Also, is A fracture of ar who pronounce in regular attendare embalmed o	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:		ANTECEDENT CAUSES DISEASES OR CONDITIONS, II any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
-4	medical edy burns; (3 physician cian was in the remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERA	hie a cod	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	for ph	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (if In Boltimore City, give exact location) A DEATH (natify medical examiner)
	roved by the hospital by nature; (xcept whe tand (6) No btained be	21D. YIME (Manth) (Doyl (Year) (Hous) 21E, INJURY OCCURRED OF INJURY (APPROX.) White At Not Wark At Wark At Wark
	de a o co	22. I certify that (I) (this hospital) attended the deceased from 19 / to 19 / to 19 / to 19 / that (I) (see) last saw the deceased alive on 10 / 19 / and that in (my) (see) opinion death occurred on the date
	released traccident of a hospital	and hour and from the causes stated above. (1) (We) (did) (didents) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	acc acc	23C. MYSICIAN'S NAME (Type) Attending Med. Director Director Phys. Director Directo
	certificat body was vs. (1) An D.O.A. at assed pric	Dr. I. Earl Pass DEGREE 4001 Wilkens Ave. Balto, Md. 21229 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
	This certify the body shows: (1) was D.O. deceased written a	Burial 3-18-1971 Loudon Park Compters: Politimore Marriage
	This ce the book shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAR 19 1971 Robert And Property Address Howard H. Hubbard, 4107 Wilkens Ave. 21229
		VS 150-REV. 1/1/68

AND THE RESERVE OF THE PARTY OF

VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

NO. 1

Marie Committee of the
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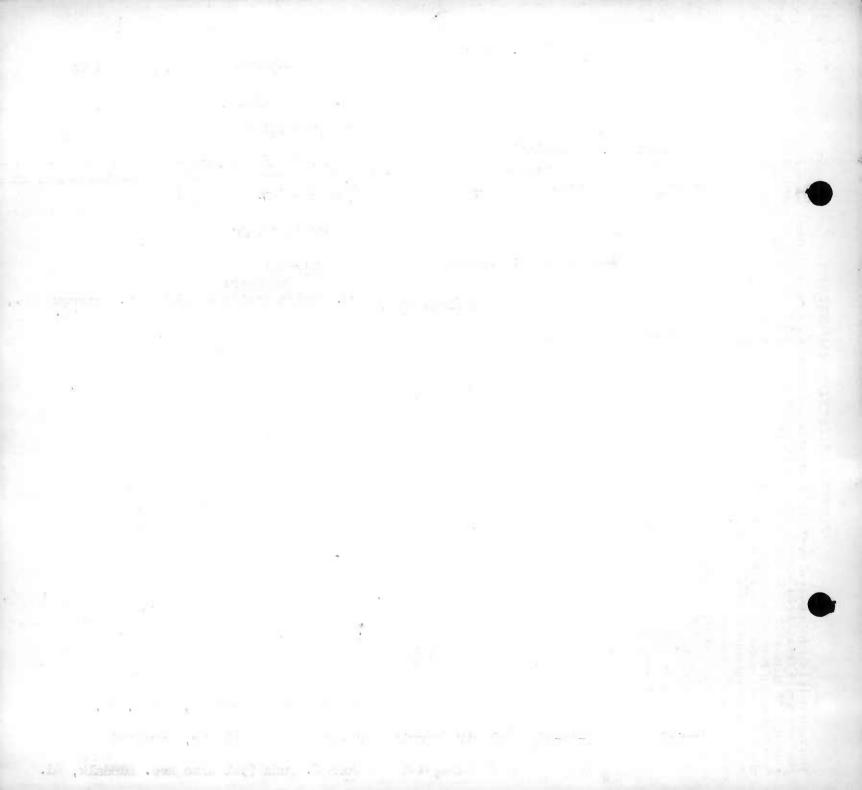
BALTIMORE CITY HEALTH DEPARTMENT

	71 2	2728	MED	ICAI		MINER'S			OF	DEAT	H REG NO	71	Omioo	
BIR	TH NO.										REG. NO.	1 d.	2/00	
	NAME OF DEC	EASED	MOSES	TONE	S	ATT	2. DATE OF	Knowi	oted 🗆	Month	Doy	Yeor	Hour	
	DI ACE INI DAI	TIMODE M				CED DEAD	DEATH 3. DATE	Estimo	ored L	M M			No.	М.
	PLACE IN BAL							OUNCED D	FAD	Month	Doy	Yeor	Hour	
HO	L NAME OF		OT IN HOSPITA ESS OR LOCA		illulion, c	SIVE SIKEE!	1	OUTTELD D	LAD	3	`15	1971	7:35 p) M.
OR	INSTITUTION							RESIDENC	E (Where	deceosed I	ived. If institutio	n: residence		_
			me & Hs	spit	al	- 755	11	Md.			B. COUNTY		301	
6.	SEX	7. RACE		B. MAR	RIED 🗵 N	EVER MARRIED	C. CITY C	OR TOWN			D. INSIDE C	ITY LIMITS?		
n	ale	India	an	WIDO	VED 🗌	DIVORCED	Į.	Balto				ES K	NO 🗌	
9. 1	DATE OF BIRTI	1	10. AGE (In	veors	If Under 1	Yr. If Under 24 Hrs.	E. STREET	AND NU	MBER			C3 (-2.1	110	
	10-2-37		lost birthdo	y)	Months : E	Poys Hours Min.		43 5 E.		imore	St.			
11.	BIRTHPLACE (S	tote or forei	gn country)		12. CITIZ	EN OF	13. FATHI	R'S NAME						
	North	Carol	ina		WHAT	S.A.			Jame	es B.	Jones			
				14B. KIN	OF BUSI	NESS OR INDUSTR	15. MOT	IER'S MAID	EN NAM	ΛĒ				
don	Construc		ven if refired)								Clark			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? 17.	SOCIAL	18. INFO	RMANT M	other	": Rt.	2 Box 4	DERES		
(1 e	s, no or unknown)	(it yes, give	wor or dotes	or service	"	SECURITY NO.	Mrs.	Lula J	ones		axton,		28364	
	19.	- 11				CAUSE OF DEA				**	220011		PPROXIMATE INTER	VAL
	30	3171			A -							BET	WEEN ONSET AND	DEATH
	DISEAS	E OR CON	DITION DIREC	CTLY	Asp	oiration pr	neumon	ia and	card	liac a	rrest			
		LEADING TO	O DEATH			(A)IMMEDIATE	CAUSE							
	(This does n	of mean the	mode of dy	ing, e.g.,		DUE TO, OR		QUENCE O	F:	*****				
	injury or con	plication wh	ich coused dec	th.)										
							1 .	_1 1						
ш		NTECEDENT						oholic		xicat	10n		~~~~~~~~	
П	DISEASES O	OR CONDIT	ONS, IF ANY	GIVING		DUE TO, OR	AS A CON	SEQUENCE	OF:					
_	UNDERLYIN			1110		(c)								
ĺδ						(C/								
CERTIFICATION	OTHER SICN	IEICANT CO	II NDITIONS CO	SKITDIDI	TING									
0	TO THE DEA	ATH BUT NO	T RELATED TO	THE TERM	INAL									
분			GIVEN IN PA											
ER	20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR WHI	CH OPERATION W	AS PERFO	RMED				21. AUT	OPSY? (Yes or N	10)
O	2.											yes		
	22A. EXTER	NAL CAUSE	WAS		228. PLAC	E OF INJURY(e.g.,	in or obout	22C. WHE	RE DID (If In Boltima	re City, give ex	oct locotion)		
S	UNDERLYING	OR CON	NTRIB-		home, form	n, foctory, street, offic	e bldg., etc.	INJURY O	CCUR?			,		
豆	UTING CA													
2	OF INJURY	(Month) (Doy) (Yeor) (Hou	1	DURY OCCURRED		22F. HOW	DID IN.	JURY OCC	UR?			
	(APPROX.)				m. WHILE		VORK							
	23.													
	I cert	ify that I h	reld gp	nguiry	Ins	pection Au	topsy 🔀	and th	hot on th	nis bosis,	deoth in my	opinion		
			Notural cou	1	Accid			Homicide			Ined monner	n		
	resum	ed from:	NOTUIAL COU	303	Accia,	eni 🗀 Suicio	ie 🗀				Ined monner			
	ACTUAL		_ /	12	1	//N				XAMINER			DATE SIGNE	5
	SIGNATI	JRE	//	The	reals	M.C	AS	SISTANT M	EDICAL E	XAMINER	*			
	EXAMIN		1./					SOCIATE M	EDICAL E	XAMINER				
	NAME (T		Isidor	e Mil	nalaki	s, M.D.						3/	16/71	
24	A. BURIAL CREA	AATION,	248. DATE		24C. N	AME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, tow	n, or county		
	MOVAL (Specif		3-21-	71	St.	Anna Churc	h Cem	etem	De	mhrak	e. Robes			
	moval-Bu												• 1/1 • () •	
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. 1	NAME OF	REGISTRAR	250	FUNERAL	DIRECTO	OR		ADDRESS		
	MA	R 10 '	1071	20	E Fa	0	Jo	hn J.	Duda.	7922	Wise Ave	e. Dun	dalk, Md	
-	MIA	11 17	17/1 W	De De	C. 40	COLUMN TERM	0 10		1	, ,				
VS	151-REV. 1/1/68			ĭ'		2			- 1767					

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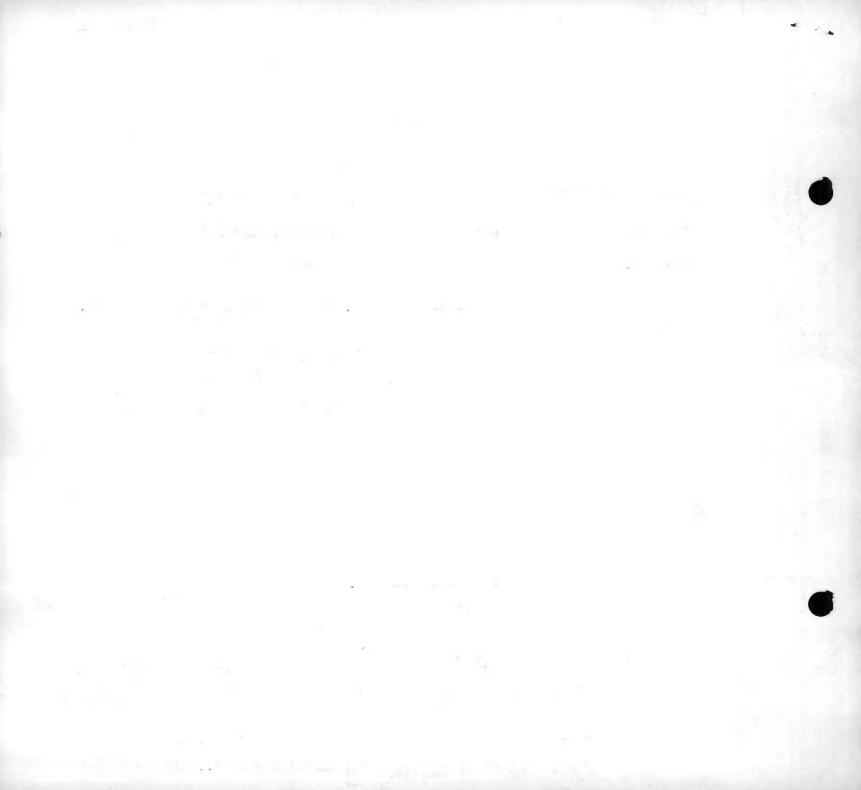
		. 0	.00		BALTIMORE CITY	HEALTH DEPART	MENT	71	2729
	1 NO. 7		729		CERTIFICA	TE OF DE	ATH REG. NO.	11	
	ME OF DEC	EL	LAELL	a C. He	nson I SoN	2.	MARCH 16,	H / 97/	2:10
3. PL	ACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. II	institution; res	idence before odmiss
FULL HOS IN STI	NAME OF	(IF NOT ADDRES	IN HOSPIT S OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	Baltimore	NSIDE CITY LIM	5300
2	EHUR	CH +	HOME	& HO	SPITAL	Sparrows	Point	YES	NO X
		Home &	k Hosp	ital		E. STREET AND N		SPAR	ROWS POI
5. SE	emale	6. RACE	Mite	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years		Yr. If Under 24 I Days Hours Min
IOA. L	SUAL OCCU	PATION (Give	kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or foreign country)		N OF WHAT COUN
		WIFE.		HO	USE WIFE.	MARY	LAMD		2. S.A.
13. FA						14. MOTHER'S MA			
16 111		[3]			ıvall		RY		
Yes,n	o of unknown)	Off yes, give	Armed Fore	ces? s of service)	SECURITY NO.	17. INFORMANT			ADDRESS T
18	NO				212-30-9006 CAUSE OF DEAT		ma Davidson 81	O B DT.	Sparrows A
ATION CIND CIND	earl failure, c	astheria, etc. plication which with the condition condit	Il means ch caused CAUSES DNS, if couse IA) I last.	ony, giving stoling the STRIBUTING IE TERMINAL	(B) ATHEROS DUE TO, OR AS (C) HYPERT	CLEROTIC A CONSEQUENCE OF	HEART DISEAS IF: AORTIC ST	ENOUS	
e 1	1			ORMED	VHICH OPERATION	20A. AUTOPSY?	Yes or No. 20B, IF YES, WER IN CERTIFYING C	FINDINGS CO	ONSIDERED ATH?
CAL	R CONTRIBUT	T WAS UNDI	SE OF	21 B. hometc.)	PLACE OF INJURY (e.g., ir e, form, factory, street, of	or about 21 C. WHER	E DID (If In Bollim	ore City, give e	exact lacation)
3 01	D. TIME F INJURY PPROX.)	(Manth) (Do	y) (Yeor)	1	INJURY OCCURRED Not While At Work	21F. HOW	DID INJURY OCCUR?		
22	. I certify t	hat (1) (this	hospital)	attended th		. /6:	19 7/to	3 . 7	6 19 7
				d alive an		19.71	and that in (my) (our) as	Inian deoth	accurred on the d
On	d hour and	fram the ca	uses state	ed abave. (1)	(We) (did) (did not) vi	ew the body after	death.		
	C.PHYSICIAN	ni os	U. D	Eldu	MAEGREE Phys.		or Shaff X	MAR	
23	NAME (Typ	ne)				3D. ADDRESS			
24A, B	URIAL CREAM	ATION, 248.	DATE	24C N A	ME OF CEMETERY OF CRE	Church Ho	me & Hospital,		
R	emoval (Sp urial	ecify)	3-19-7		Air Memorial			Marral and	1
	100	Y HEALTH D		258 NAME O		25C. FUNERAL D	Bel Air,	Lar. A Tauc	
	Mif				Jaben M.D.	The second secon	Duda 7922 Wise	Ace. Dur	ndalk. Md.
1.50	-REV. 1/1/68	22	W/ 5 4			-			



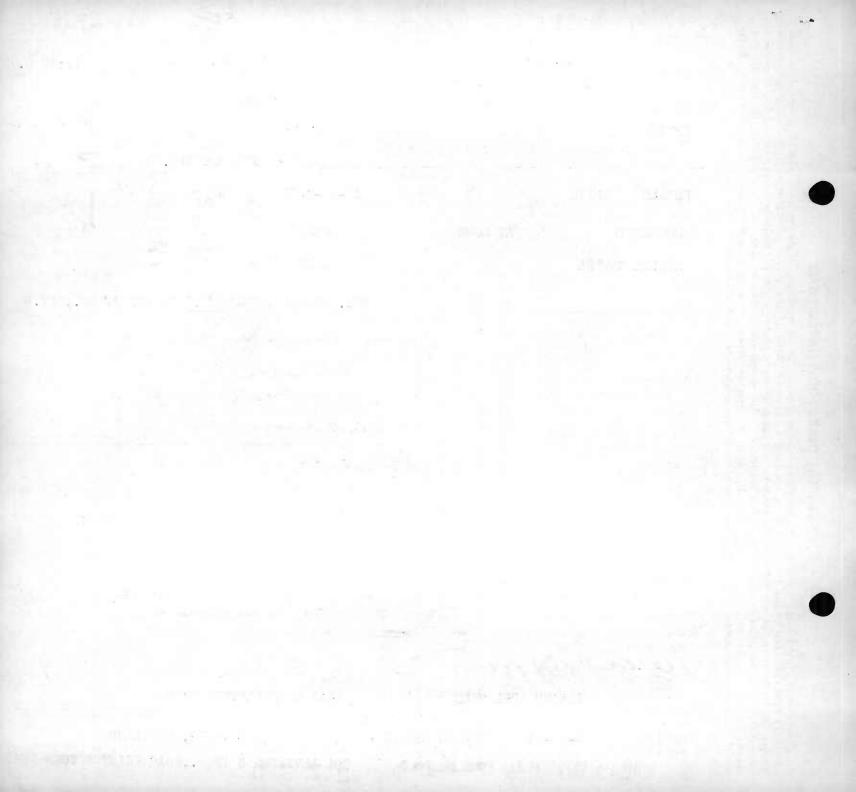
IMPORTANT

FUNERAL DIRECTOR:

1 F 415	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 71 2730	CERTIFICA	TE OF DEATH	REG. NO	30.8902
1. NAME OF DECEASED (Type or Print) MEYER FIF	DAITE	2. DATE	AND HOUR OF DEATH	1971 7 01
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived.	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION SINAI HOSP OF BAL	ON, GIVE STREET	A. STATE B. COU MARYLAND C. CITY OR TOWN BALT (MU) E. STREET AND NUMBER	RE D. INSI	A 2 7 3 0 IDE CITY LIMITS? YES \(\overline{\text{VE}} \) NO \(\overline{\text{VE}} \)
5. SEX 6. RACE 7. 444 PRICE		10101 ELR	4) DRIVE	
MALE WHITE WIDOWED	NEVER MARRIED DIVORCED	2//7/98	9. AGE (In years lost birthday)	II Under 1 Tr. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLA/CE (Slole or los	reign country)	12. CITIZEN OF WHAT COUNTRY
SALESMAN COLLEC	CTOR	BALTIMORE, N	MARYLAND	11 C A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1 2.3.601 .
JONAS ELFONTE		ANNA_	?	
15. Wos Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO 21	2-03-2720A	MRS. DOROTHY EI	LFONTE 6421 A	ELRAY DR. #9
18. 250 71	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Acrai 1	L.	
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS A		7 Tailure	
injury ar camplication which caused death.)		erebiovascid	an Insul	Leure
ANTECEDENT CAUSES	(B)	SCVD Carle	sipscless to 0	arligite Peni ducin)
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost,	(c).	indutes Million	k.	
11	(C/	10425 011,000	——————————————————————————————————————	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLING. 21B. BLA.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or N	oll 208 IF TES WERE E	INDINGS CONSIDERED
WAS PERFORMED		No	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF home, le	CE OF INJURT (e.g., in orm, fectory, street, alli-	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct focotion)
OF INJURY (Month) (Day) (Year) (Hourt 21 & INJ	URT OCCURRED	21F. HOW DID INJ	URT OCCUR?	
(APPROX) While A	Not While		_	•
22. I certify that (1) (this haspital) attended the d		211.171	19 to 3/	/17
that (I) (we) last saw the deceased allve an	3//7	1 151	· · · · · · · · · · · · · · · · · · ·	Ian death accurred an the date
and haur and from the causes stated above. (1) (W	e) (did) (did nat) vie	w the bady after death.		and the sale
23A. SIGNATURE				23 B. DATE SIGNED
Tellan M.D	Attend Phys.	ding Med.	Staff Phys.	3/17/71
PAULINO Y. CH	4AN 23	D. ADDRESS SINA!	HOSP. of	BALTIMORE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CREM	ATORY 24D. L	OCATION (City	. town, or county) (Stote)
BURIAL 3-18-71 MIKRO	KODESH	BA	LTIMORE, MARY	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE		25C. FUNERAL DIRECTOR	- PD-05	DE LOGINAPORESS DE DOMB
MAR 1 9 1971 ROBERTE.	Jackey MA 1	SOL LEVINSON	§ BROS.,6010	REISTERSTOWN ROAD
VS 150-REV. 1/1/68	1			



16	151			BALTIMORE CITY	HEALTH DEPARTM		100 A
	6267	1 2731		CERTIFICA	TE OF DEA	TH REG. NO	71 2731
1 N	AME OF DECE	ASED			2 0	ATE AND HOUR OF DEAT	H
	e or Print)	SARAH K	RAMER			MARCH 17, 1971	11:10 A.M.
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If COUNTY	institution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MARYLANI C. CITY OR TOWN	Parivi	ISIDE CITY LIMITS?
1		CONVALESCENT	HOME		BALTIMON		YES NO
	90				2.826 MAI		D
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	FEMALE	WHITE	WIDOWED	= =	12-10-1875	10st birthdoy) 95	Months Doys Hours Min.
		PATION (Give kind of war rorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	HOUSEW		AT HO	ME	RUSSIA		USA
13.	FATHER'S NAM	/E			14. MOTHER'S MAID	ENNAME	
	HILLEL	GAMPEL			ALTA CI	HANA ?	
15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO				MRS. HANNAH	TANNEBAUM, 2820	6 MARNAT RD., APT.D
		E OR CONDITION DI	RECTLY	CAUSE OF DEAT	H Wesse	who In al	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH al mean the mode af	dying, e.g.,	(A) IMMEDIATE CAL) /00	
	heart failure, o	asthenia, etc. It means plication which caused	the disease,	arter	incles	tee CUM	
	A	NTECEDENT CAUSES		. Com	buil 14	east fa	li
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF		
		abave cause (A)	slaling the	(c) Nenk	ward sele	2com	
		- 11		()			
O.		CANT CONDITIONS CO		Sen	elity		
CATI	DISEASE OR CO	ONDITION GIVEN IN PAI	RT 1 (A).		[20 A=0.004/V	N.V. con to use the	
RTIFIC	IVA. DATE OF	OPERATION 198. CON WAS PER		VHICH OPERATION	20 A. AUTOPSY (Ye	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CE	OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF		PLACE OF INJURY (e.g., e, form, foctory, street, o	in or about 21 C. WHERE ffice bldg., INJURY OC	DID (If in Boltim	ore City, give exact location)
Dia	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW E	DID INJURY OCCUR?	
N N	(APPROX.)		Whi	le At Not Whi			
	22. L certify	that (1) (this haspita			Jan 2-5	19°77 to /	700 17 19 71
		last saw the decease		- 1 - (19.71		pinlan death accurred an the date
) (46) (did) (did)			
	23A. SIGNATUI						23 B. DATE SIGNED
	luce	Rach De	Elect	DEGREE Phy	ending Med.	Staff Phys.	3/17/71
1	23C. PHYSICIAN	V'S	100	Detake	23D. ADDRESS		
	WAINE (1)	W LLARD	APPLEF	ELD	6615 REI	STERSTOWN ROAD	
244	BURIAL CREA	AATION, 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (Stote)
	BURIAL	3-18-7		RKMEN CIRCLE		BALTIMORE, M	
25A	. DATE REC'D	BY HEALTH DEPT.	258. NAME C		25C. FUNERAL DI	SON & BROS 60	10 REISTERS DOWN ROAL
VE	MA		aber E	Jaben KD	SOF PEATO	d 2100.100	
Λ.2	150-REV. 1/1/6	0					



BALTIMORE CITY HEALTH DEPARTMENT

		5732	MED	ICAL	EXA	AMINER'S	SC	ERTIFI	CATE	OF D	EAT	H REG.	. NO	71	273	2_
	H NO.	FACED					11.	. 0		3 .					E.	
I. NAME OF DECEASED A. WOLFSON						2. DATE OF DEATH	Known		Month	Doy	У	Yeor	Hour	М.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE			Month	Doy	У	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION									UNCED DEAD	Ma	arch	16,1		esidence b	12:3	
4		AI HOSI	PITAL					A. STATE	Maryla			B. COUI		28	31	
6. SEX 7. RACE B. MARRIED NEVER MARRIED							C. CITY OR TOWN D. INSIDE CITY LIMITS?									
1	Male	White	2	WIDOW	ED X	DIVORCED		Balti	more				YES		10 0	
9. DA	ATE OF BIRTH	1	10. AGE (In last birthdoy	yeors 70	If Under Months	1 Yr. If Under 24 Doys , Hours , A			AND NUMBE Eberle		ve					
14A.U	SUAL OCCUP luring most of w	AGO, IL PATION (Give Porking life, eve	LINOIS	4B. KIND	OF BUS	ZEN OF AT COUNTRY? A. INESS OR INDU		15. MOTHE	HAM WOL							
	AS DECEASE	(If yes, give w	or or dotes	FORCES'	? 17	LOYED SOCIAL SECURITY NO.		IB. INFOR	ECCA MANT LL L. L	TDCK					ON ST	REET
19	YES	W.W.	1		2	16-12-5599 CAUSE OF	~ 6 6		היה יוק	IDON	LIK,	CHICA	AGO 2	API	INOIS PROXIMATE IN	TERVAL
	(This does not heart failure, injury or com AN DISEASES CRISE TO THE	E OR CONDILEADING TO the mon the osthenio, etc. uplication which trecedent of the condition	DEATH mode of dyi It meons the h coused deo CAUSES DNS, IF ANY JSE (A) STAT	ing, e.g., diseose, th.)		(A)IMMEDIA DUE TO,	OR AS	AUSE S A CONSEG	TIC CAT	diov	ascu	ılar (disea	ase		
Z	UNDEXETIN	IG CONDIII	ON LASI.			(C)										
CERTIFICATION	TO THE DEA	IFICANT CON TH BUT NOT CONDITION	RELATED TO	THE TERMI		a തിരുക്കുന്ന് നിന്നു സാത്രം വരുന്നു.		15-10-10-10 (10 to to to to 10 to to to	***					n doublish		
CERT	20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA					WA:	AS PERFORMED 21							. AUTOPSY? (Yes or No)		
SIL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact local home, form, foctory, street, office bldg., etc.) INJURY OCCUR?										locotion)					
0	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) M. WHILE AT WORK AT WORK															
23	I certi	1/	oturol cou	U,	Acci	dent Su		ASS	ond that a micide CHIEF MEDIC STANT MEDIC OCIATE MEDIC	Un CAL EXA	determi AMINER AMINER				DATE SIGN	NED
	NAME (T BURIAL CREA OVAL (Specif	ype) MATION, 2	4B. DATE			NAME of CEMET	ERY o	or CREMATO	DRY :	24D. LO	CATION	(City	y, town,	or county)		te)
	BURIA		3-18-7	1	ADA	TH YESHU	RUN			BA	LTIM	ORE,	MARY	LAND		
25 A.	DATE REC'D			25B. N	AME OF	REGISTRAR	KD	SOL	LEVINS BA	ECTOR ON & LTIM	BRO ORE,	S. 60 MARY		RESS EISTE 2121	ERSTOW 15	N ROA
10.10	2 2524 2/2/42						- 4	1 1	1 3							

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IMPORTANT

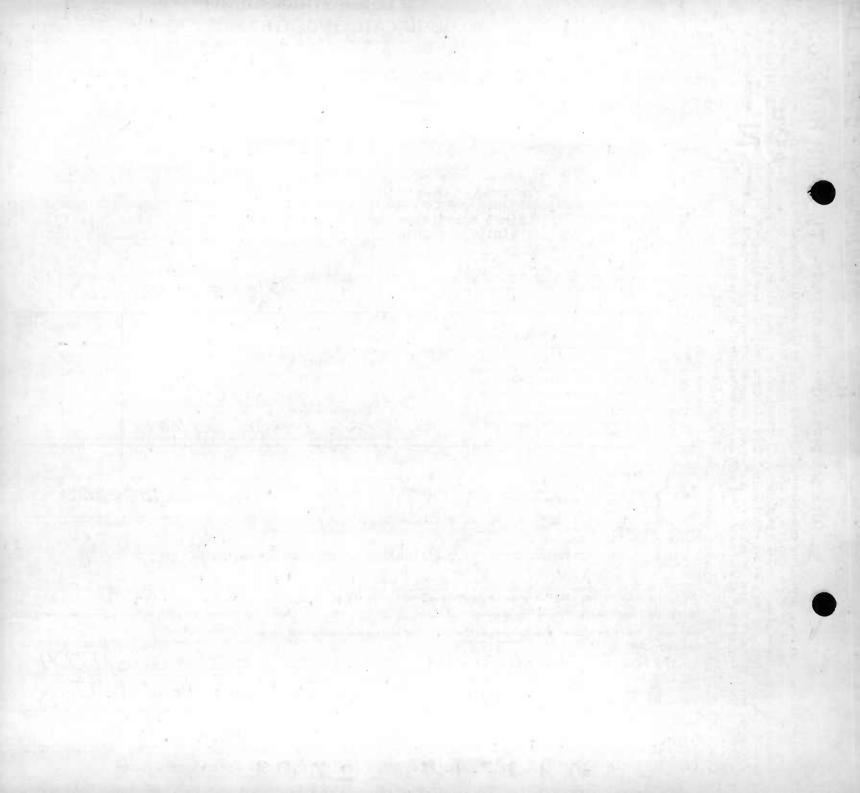
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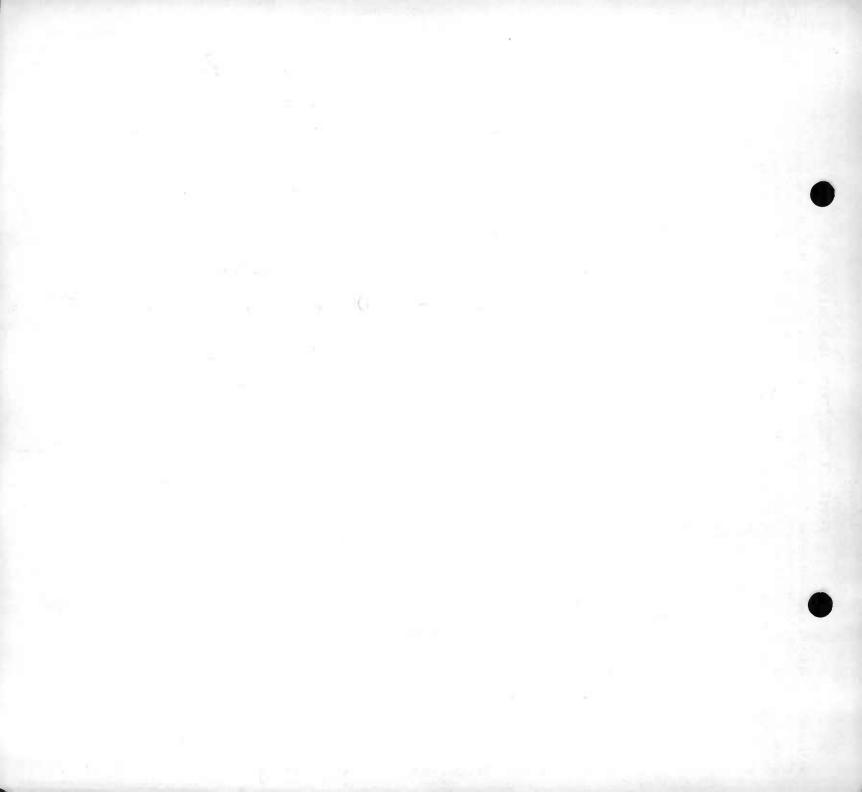
FUNERAL

235 Blakney Rd.

1

	BALTIMORE CITY	HEALTH DEPARTMEN	NT	red Origh						
BIRTH NO. 71 2734	CERTIFICA	TE OF DEAT	H REG. NO.	71 2734						
1. NAME OF DECEASED (Type or Print) DEANE, R	IPHAEL	2. DA	TE AND HOUR OF DEATH	A						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If in	nstitution: residence before admission						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	HARYLA,	ND	IDE CITY EMITS?						
3823 SHANNON SA	RIVE	E. STREET AND NUM	IORE	YES NO 🗆						
00 BALTIMORE		3823	SHANNO							
M WIDOWED X	DIVORCED	2/28/c	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
dane Pring most of working life, even if relired) AINTER (Sinai Ho		A	IMORE	12. CITIZEN OF WHAT COUNTR						
13. FATHER'S NAME	Dabinob	14. MOTHER'S MAIDE	NNAME							
JOHN E.D.ear	ne		Della							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	SOCIAL SECURITY NO.	17. INFORMANT 382	Shappon Drive	Sauce)						
18. 4 9 / X	CAUSE OF DEATH		many and	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT									
LEADING TO DEATH (A)IMMEDIATE CAUSE CARBYAC ARREST										
(This does not meon the mode of dying, e.g., heart failure, asthenia, efc. It meons the disease,	DUE TO, OR AS	CONSEQUENCE OF:								
injury or camplication which coused death.)										
ANTECEDENT CAUSES	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C) CHRON. Browle. Enrith										
rise to the above cause (A) stoting the UNDERLYING CONDITION last.	CHR	DN. Kize	ruch. total	275.						
CHELLING CONDITION IGST.	(0)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
= 10 THE DEATH BUT NOT RELATED TO THE TERMINAL										
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20A. AUTORSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED								
2 NONE WAS PERFORMED		VP <	IN CERTIFYING CA	USES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B. PL.	ACE OF INJURY (e.g., in	or obout 21 C. WHERE	OID (If In Boltimor	re City, give exoct location)						
OR CONTRIBUTING CAUSE OF home, etc.)	form, factory, street, of	ice bidg., INGURY OCC	NO TO							
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?							
(APPROX.) While Work	At Work									
		Total	10/9. 9	PRESENT						
22. I certify that (I) (this hospital) attended the deceased from 1907 to 170 to 1907 to 1907 that (I) (we) lost saw the deceased alive on 1919 1970 and that in (my) (our) apinion death occurred on the do										
ond hour and from the couses stoted obove. (I) (We) (did) (did not) view the body ofter death.										
23A. SIGNATORE	23 B. DATE SIGNED									
Tehen C. Kuch du	Phys	Med. Director	Staff Phys.	3/17/71						
23C. PHYSICIAN'S NAME (TYDE) FIER C. LUCHSI	UEGREE	JOOD SAMI	ARITAN HOS	SP. BALTIMORE						
24A. BURIAL CREMATION, 248. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CRE			ity, town, or county) (State)						
Dui la l	lawn Cemeter	У	Baltimore, Md.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS						
MAR 19 1971 JABES E. 76	Gen May	Witzke 1	630 Edmondson	Avenue						

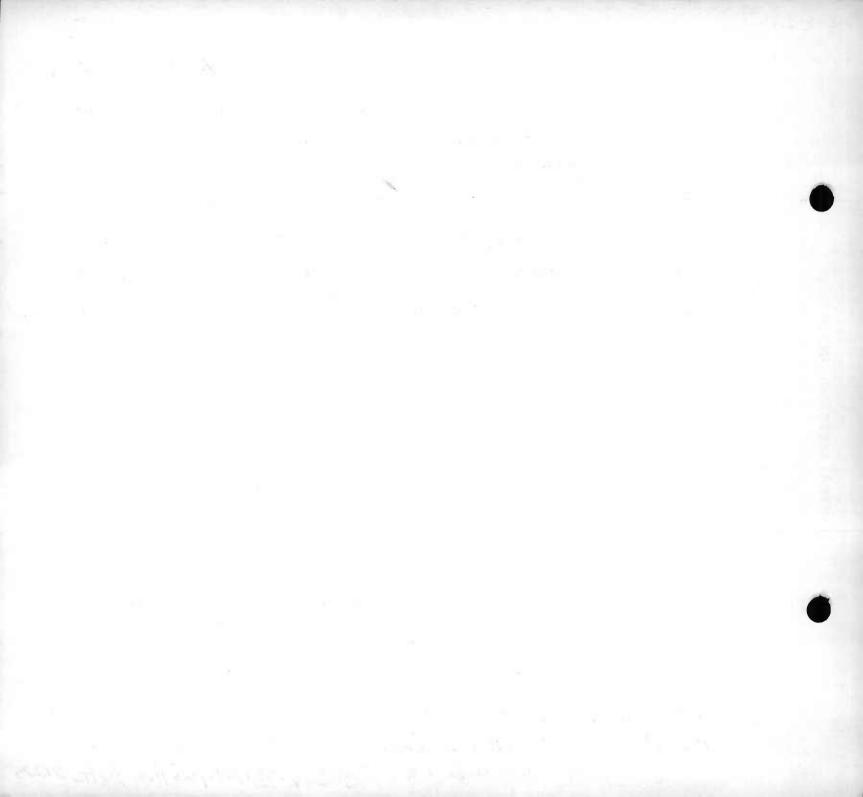




NO

APPROXIMATE INTERVAL

II Under 24 Hrs.



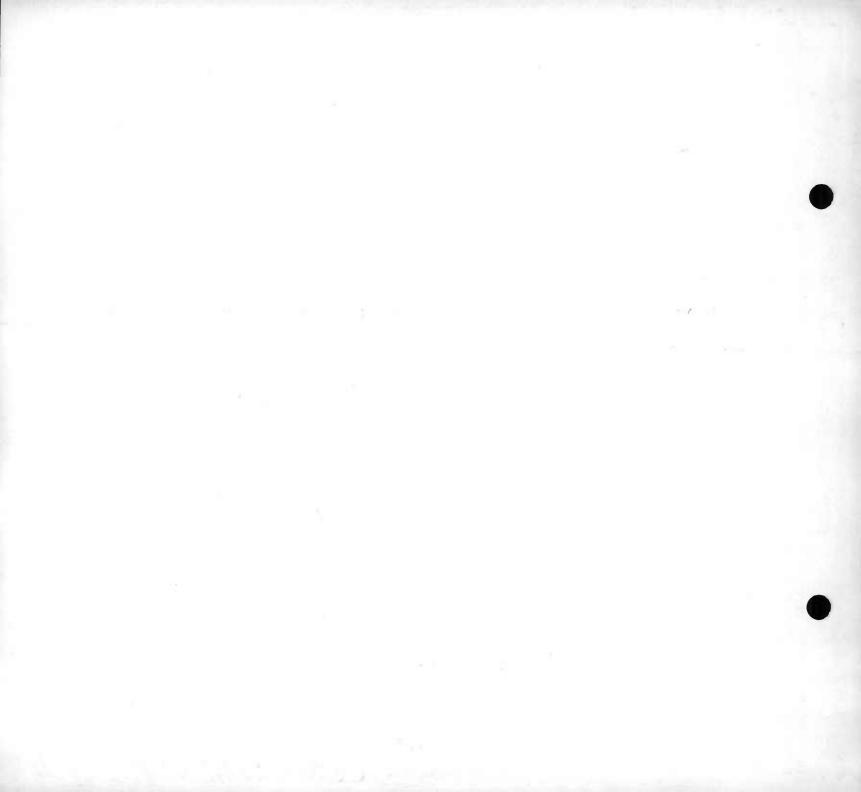
0000	BALTIMORE CITY	HEALTH DEPARTMENT		ru Omion			
71 2737	CERTIFICA	TE OF DEATH	REG. NO	11 2731			
I, NAME OF DECEASED		DATE AN	D HOUR OF DEATH				
(Type or Print)	REARET	3-1	16-71	11:12 PN			
3. PLACE IN BALTIMORE, MARTLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUN	TY.	stitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSMTAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	M.D. Ba	ltimore	DE CITY LIMITS?			
43		BALTIMORE E. STREET AND NUMBER		YES NO 🗌			
SOUTH BALTIMORE 6	EN. HOSPITAL	1714 LIGHT	- ST.				
	RIED NEVER MARRIED DIVORCED DIVORCED		R. AGE (In years lost birthday)	Months Days Haurs Min.			
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country!	12 CITIZEN OF WHAT COUNTRY			
TOUSE WIFE		MARYLAN	0	U.S.A.			
PHILIP GRAFT		14. MOTHER'S MAIDEN NAM	AE .				
15. Was Deceased Ever in U. S. Anned Forces?	16 SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of ser	WD 14781	Hospital Recon	da				
18.4 12.21	CAUSE OF DEAT	H TOSTOCKITAL NECON	1121	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY		01	/ Δ	40			
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	JSE A CONSEQUENCE OF 1,		1 augus			
heart failure, asthenia, etc. It means the dis injury at complication which caused death.)	ease, (DAO	brovascular	accident) 0			
ANTECEDENT CAUSES	HV	PERTENS	MOLE	20 years			
DISEASES OR CONDITIONS, If any,	iving (8) DUE TD, DR AS	A CONSEQUENCE OF	DIOVASCUI	IAP			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the ARIERIOSO	ELEKOTIC CIK	DIOVASCUI	-/1/\			
11	CONGEST	INE HEART FI	AILLIPE	15 years.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		IVE HEART FI	HILUKL.	100			
		20A AUTOPST? (Yes of No	ONE IS YES WERE	CONSIDER O			
21A. ACCIDENT WAS UNDERLYING	POR WHICH OPERATION	20% Wildigit ties of the	IN CERTIFYING CAL	USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 FLACE OF INJURY (a.g., i home, form, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Baltimer	e City, give exact lacation)			
21D-TIME (Month! (Doy) (Year) (Houd		21F. HOW DID INJ	URY OCCUR?				
(APPROXI	While At At Work			1/			
22. I certify that (i) (this hospital) atten			971_to_3	-16- 1971			
that (1) (we) last sow the deceased alive	on 3-1	6-197/ and the	ot in (my) (our) opt	nion death occurred an the dat			
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE Harful	gh M.D. Ath	anding Med. Director	Staff Phys.	3-16-71			
23C. PHYSICIAN'S NAME (Type) HARJIT	SINGHMA	22D ADDRESS		ALTIMORE, Md.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR	EMATORY 24D. Le	CATION (Ci	ty, town, ar county) (State)			
Burial 3/20/71	Cedar Hill Ce		altimore, M	aryland			
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ral Home 1	30 E. Fort Ave.			
MAIN B BI	a Ci Jahorn La T	a la constante		C.			

There was to (Audin) 4 days

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DIRECTOR:

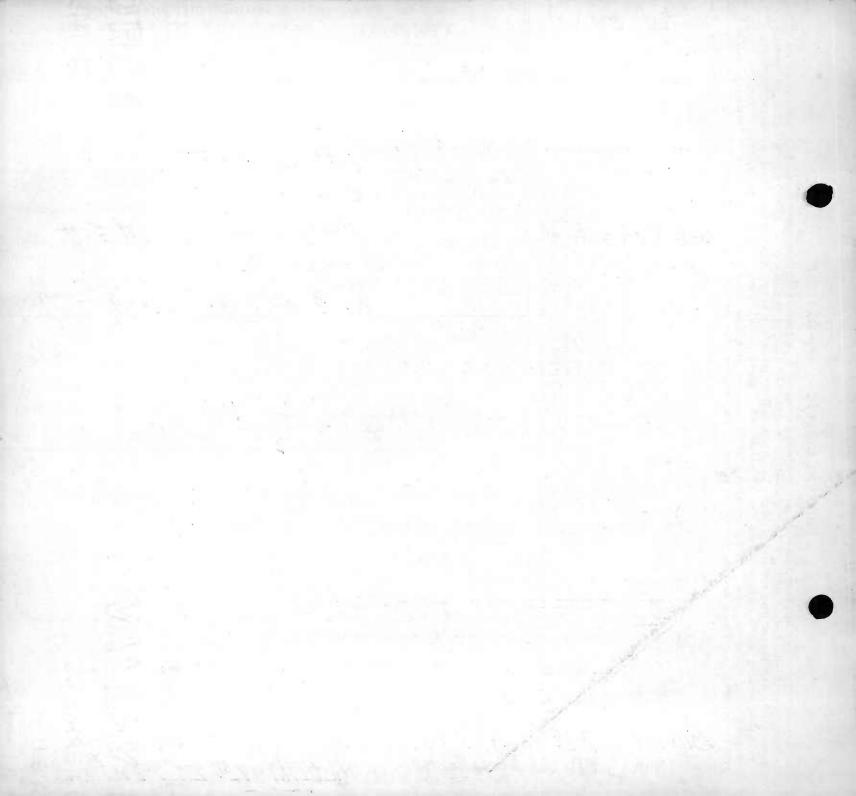
FUNERAL



71 BIRTH NO.	2739 M	EDICAI	EXAMINER'S			DEATI	H REG. NO.	71	2739	
1. NAME OF DEC		EW PULV	ER	OF	nown	Month	Doy	Yeor	Hour M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			3. DATE PRONOUNCED DEAD 3 16 1971 6:05 a M.							
			S. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE Md. 7 7 7 7 7 7 7 7 7 7 7 7 7							
6. SEX male	7. RACE white	8. MARI	RIED NEVER MARRIED NEVER MARRIED DIVORCED	C. CITY OR TOV	alto.		D. INSIDE C		NO []	
9. DATE OF BIRT	lost bli	E (In years rthdpx)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND	NUMBER		Υ	ES (29	<u> </u>	
	State or foreign count	/Z ry)	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NA		90				
New Y		work 148. KINI	OF BUSINESS OR INDUSTRY	Fra:		Pulver				
Cab Dr	iver - Reti	\mathbf{r} ed	S? [17. SOCIAL	Laura		ore	Δ	DDRESS		
(Yes, no or unknown	(If yes, give wor or d	otes of service	SECURITY NO. 107-05-3371			ad-Ar			Balto, Md	
A DISEASES RISE TO THE UNDERLY!! OTHER SIGN TO THE DE	not meon the mode of the mode of the meon mplication which couse on the mode of the mode o	s the disease, d death.) S ANY, GIVING STATING THE ST. IS CONTRIBU	(B) DUE TO, OR (C)	AS A CONSEQUEN		400000000000000000000000000000000000000				
20A. DATE O			FOR WHICH OPERATION WA	AS PERFORMED					UTOPSY? (Yes or No) ARTIAL	
UNDERLYING CA	NAL CAUSE WAS OR CONTRIBUSE OF DEATH. (Month) (Doy) 3-16-71	(Year) (Hou		e bldg., etc.) INJUR	where DID (PY OCCUR?) 519 Lyr. HOW DID INJ	view A	Ave.		/	
Partial I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from Natural cooses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER									DATE SIGNED	
24A. BURIAL CRE REMOVAL (Spec Burial	MATION, 24B. DA		Har Sinai Cen			OCATION	(City, tow	n, or county)		
25A. DATE REC'D	BY HEALTH DEPT. AR 19 1971	258. ▶	NAME OF REGISTRAR & C. Saber, M.D. 1	25C. FUNE	RAL DIRECTO	R	A	DDRESS	Liberty Hts	

TVC aura mapre Civ. - Livi 7-2-2-27 Wangras Lington les la litera uti r, et e

BALTIMORE CITY HEALTH DEPARTMENT



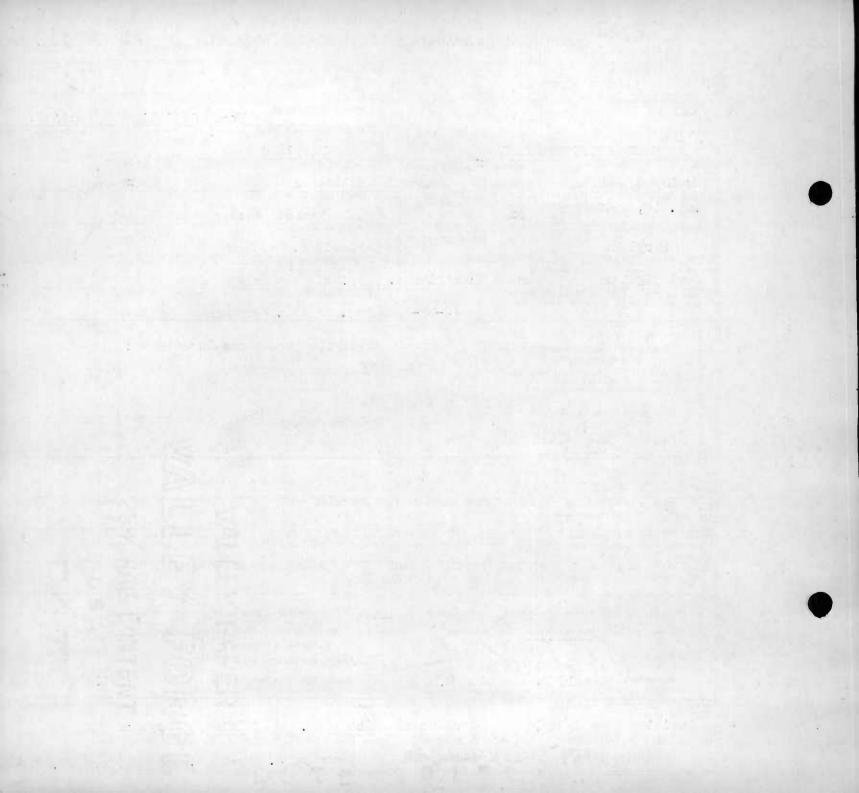
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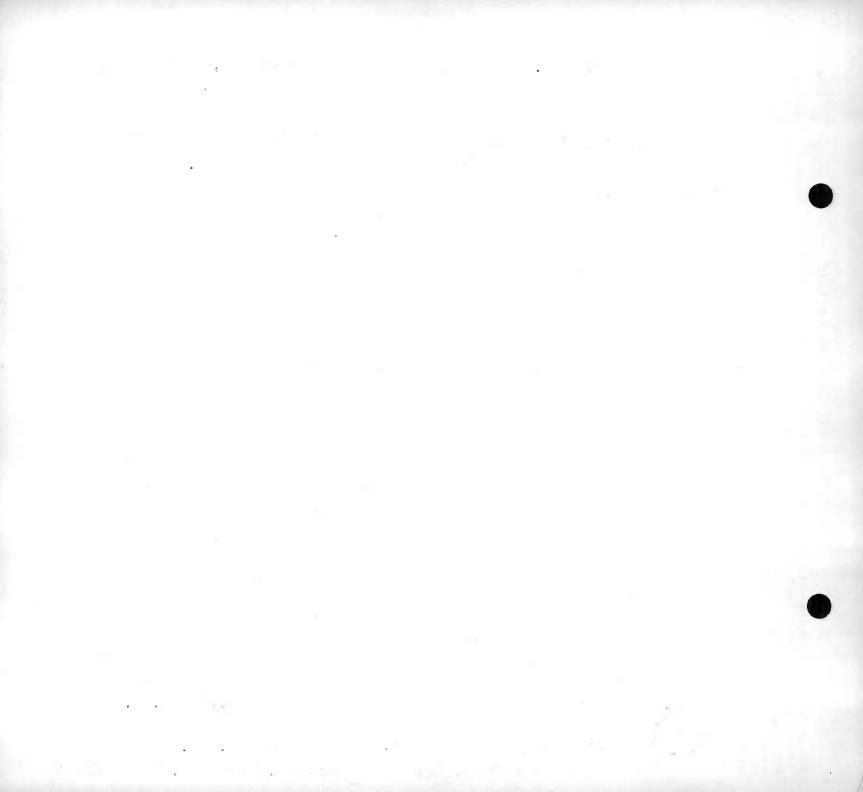


BALTIMORE CITY HEALTH DEPARTMENT

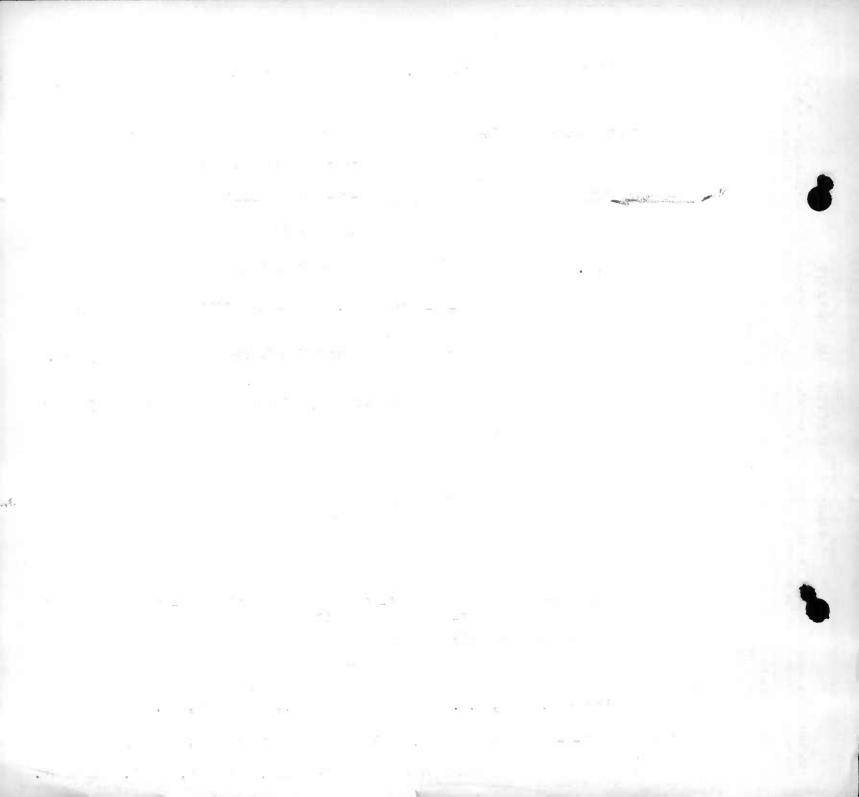
				policy all
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	71

	71 2743 AAEDICAL EVALABLEDIS	F14 0 - 40						
BIR	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 2743						
1. [NAME OF DECEASED	2. DATE Known Month Doy Year Hour						
	e or Print) HOWARD GORSUCH	OF DEATH Estimoted \(\square\) M.						
4. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour						
FUL HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 16,1971 6:15 Pm.						
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)						
	UNIVERSITY HOSPITAL	A. STATE Maryland B. COUNTY B. COUNTY						
6. 5		C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	Male White WIDOWED DIVORCED	Baltimore YES NO						
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER						
	Aug. 10, 1912 lost birthdoy) Months! Doys Hours Min.	4818 Kenwood Avenue						
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
	Maryland WHAT COUNTRY?	Lewis A. Gorsuch						
144	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY							
don	e during most of working life, even if retired)							
_	Investigator Gas & Electric Co. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Lillie May Brown						
(Y es	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.							
	212-05-3646	Mrs. Anna E. Gorsuch Same						
	19. 4 /2 + 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		sclerotic cardiovascular disease						
П	LEADING TO DEATH	CAUSE						
	(This does not mean the mode of dying, e.g., DUE TO, OR A heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:						
	Injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	A5 A CONSEQUENCE OF:						
2	UNDERLYING CONDITION LAST. (C)							
Ó								
X	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
RT	20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)						
Ö	2,	yes						
A	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)						
EDIC	5.102	e bldg., etc.) INJURY OCCUR?						
ME	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT	WHILE C						
	(APPROA.) m. WORK AT W	VORK U						
	I certify that I held an Inquiry Inspection Au	and that an this basis, death in my apinian						
	resulted fram: Natural causes X Accident Accident	de Homicide Undetermined manner						
		CHIEF MEDICAL EXAMINER						
ACTUAL ASSISTANT MEDICAL EXAMINER XX								
	SIGNATURE Dans I day Kanada I and M.D.							
	EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 3/17/71						
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (5tote)						
KE	MOVAL (Specify) Burial 3/20/71 Gardens of F	Faith Cem. Baltimore Maryland						
25	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	MAR 19 1971 Robert E. Farber M.D.							
<u> </u>	ייים מייים מייים ואון בין נוניווון	Leonard J. Ruck Inc. 5305 Harford Rd. 212						
ME	161 DEV 1/1/40							



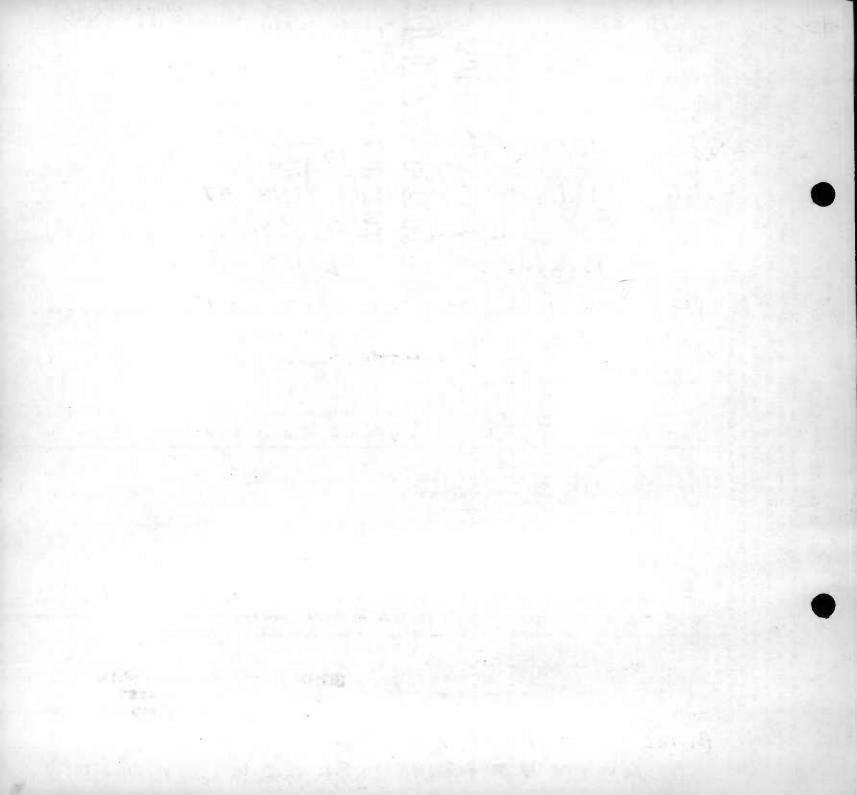


71 2745 BIRTH NO.		HEALTH DEPARTMENT	X REG. NO	1 2745			
I.NAME OF DECEASED (Type of Print) Alice Loretta	Eby		ch 16, 1971	11:45 PM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	JTION, GIVE STREET	A. USUAL RESIDENCE (WI A. STATE B. COL Maryland C. CITY OR TOWN	Balto	itution: residence before admission			
Long Green Nursing Ho	ome	Baltimore E. STREET AND NUMBER 7707 Oakle:		YES NO			
Female White WIDOWED [10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		8. DATE OF BIRTH 6/19/1891	1 79	II Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.			
Housewife		Md.	a de la contra l	USA			
George Brennan			Marie Nuge	nt			
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service)	SECURITY NO.	Mrs Ann Sil	tman same	ADDRESS			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: Distio - arth	critis	8 eps.			
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?			
OR CONTRIBUTING CAUSE OF CEATH (notify medical exominer)	PLACE OF INJURY (e.g., In , larm, lactory, street, off	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(IC In Baltimare C	City, give exoct location)			
	NJURY OCCURRED At Work	21F. HOW DID IN	JURY OCCUR?				
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	nurelle 15	19 <u>7/</u> and ti	hat in (my) (ous) opinio	an death occurred on the date			
and have and from the causes stated obove. (I) (#6) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Staff Director Phys. 3/57/7/							
Dr. George Sawyer	DEGREE ME OF CEMETERY OF CRES		d Rd.,Balto				
Burial 3/19/71 More	eland Memor	ial B	altimore, M				
258. DATE REC'D BY HEALTH DEPT. 258. NAME OF 1971 (26.8 E)	Jackey (K.D.)	Leonard J. F	uck Inc.,Ba	alto.Md. 21214			

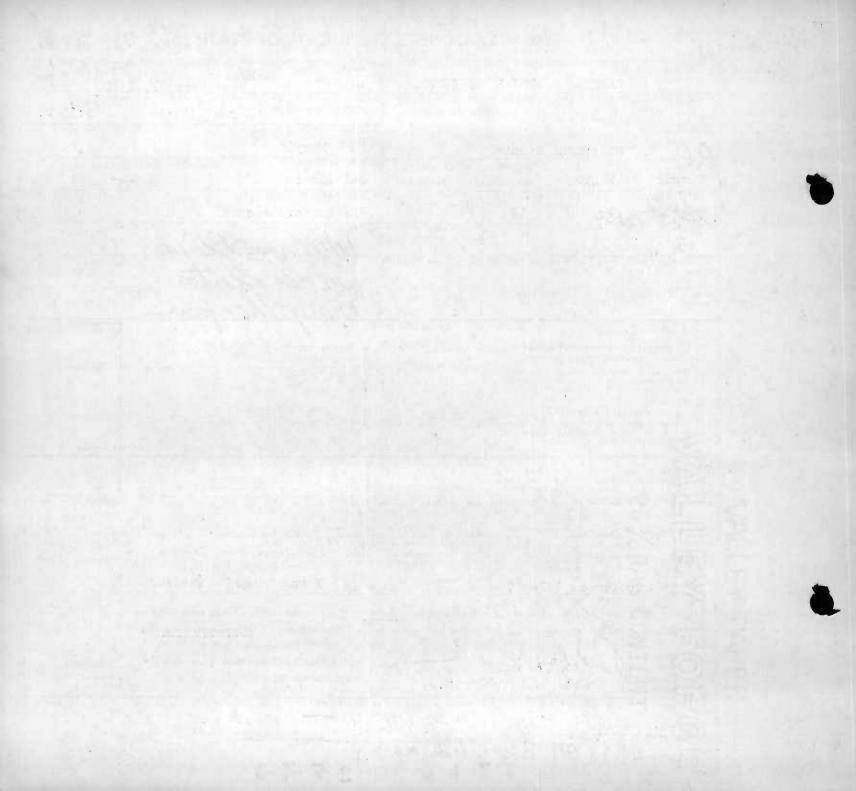


Rose of 3/16/71 Charmon mer " For Acres Woods 1 150 - 1 Chi Trait Frank Brown

BALTIMORE CITY HEALTH DEPARTMENT



,,,	71 2749 MEDICAL EXAMINER'S	CENTIFICATE OF DEATH	4 74 9r/49					
RIR	TH NO.	CERTIFICATE OF BEATT	REG. NO.					
-	IAME OF DECEASED	2. DATE Known . Month.	Doy Yeor Hour					
	e or Print) VANESSA DENICE THOMPSON	2. DATE Known Missing OF Estimoted Septer	ber 17, 1970					
4. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Doy Yeor Hour					
HO:	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	PRONOUNCED DEAD March						
/	853 Greenmont Avenue	S. USUAL RESIDENCE (Where deceosed live A. STATE Maryland	B. COUNTY					
6. 9		C. CITY OR TOWN	D. INSIDE CITY LIMITS?					
	Female Negro WIDOWED DIVORCED	Baltimore	YES A NO					
9,0	ATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.		100					
1/2	SIRTIPLACE (State or foreign country) 12. CITIZEN OF	13. FACHER'S NAME						
11.	But me what country?	Dullerian El	410					
i 4A done	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRI during most of working life, even if relired)	VIS. MOTHER'S MAIDEN NAME	ton					
16. (Y es	WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give worper dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS					
	19. TO CAUSE OF DEA	ATH TOTAL STATE OF THE STATE OF	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY Hangin	ng /	DETWEEN ONSET AND DEA					
Н	LEADING TO DEATH (A) IMMEDIATE CAUSE							
	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. Il meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:						
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
T	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)					
S	2,		yes					
4	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	in or about 22C WHERE DID (if in Bultimor						
MEDIC,	UTING CAUSE OF DEATH. House	, in or obout 22C. WHERE DID (if in Baltimor ce bldgs, etc.) INJURY OCCUR? 853 Greenmount	Avenue					
_	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	- Manue	(decomposed)					
		WORK Found hanged	(decomposed)					
	23. I certify that I held an Inquiry I Inspection A	utopsy 🗵 and that an this basis,	death in my apinian					
			ned manner 🗵					
	resulted from: Natural causes Accident Suici	CHIEF MEDICAL EXAMINER	ed muniter (23)					
SIGNATURE ALS MAD. ASSISTANT MEDICAL EXAMINER								
	NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	3/12/71					
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	or CREMATORY 24D. LOCATION	(City, lown, or county) (Stole)					
KE	Bruce 3-17-71 Mtaken	e lat Bas	The Mrs					
25.	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF BEGISTRAR	25C. FONERAL DIRECTOR	ADDRESS					
	MAR 19 1971 Pales E. Jaben M. D.	The word in	Browland					



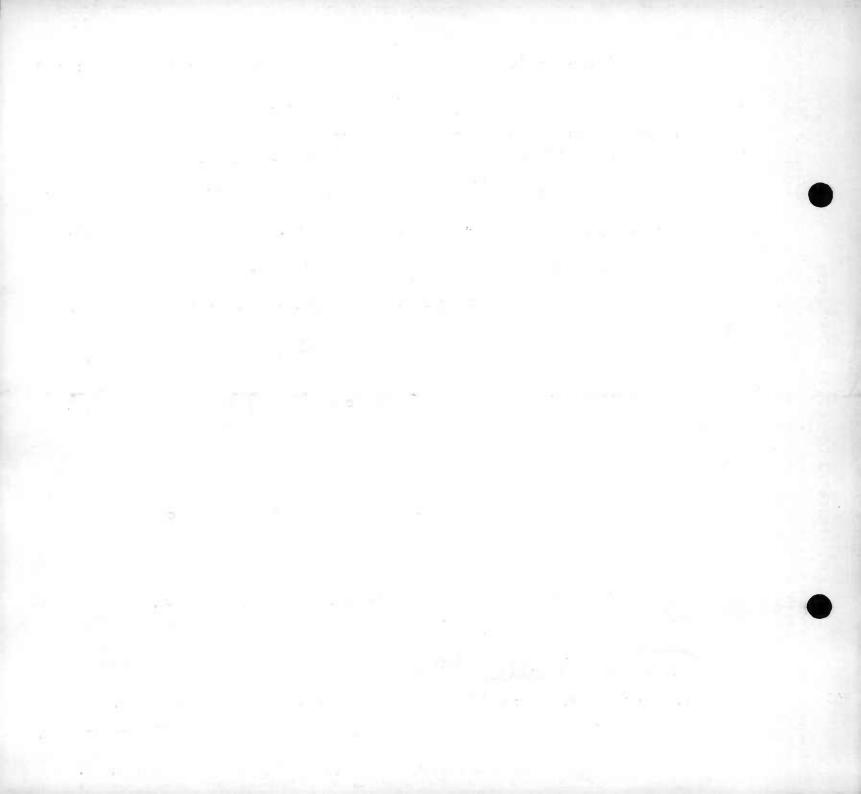
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BALTIMORE CITY HEALTH DEPART	MENT					
71 2750 MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH TO NO 71 2750					
BIRTH NO. 71-03176 MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH REG. NO.					
). NAME OF DECEASED 2. DATE	Known Month Doy Year Hour					
(Type or Print) Henderson Whitaker, Jr. DEATH	Estimated 3 14 71 9:10 p.m					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Yeor Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUN HOSPITAL ADDRESS OR LOCATION)	NCED DEAD 3 14 71 9:10 p.					
OR INSTITUTION 5. USUAL RES	SIDENCE (Where deceosed lived. If institution: residence before admission)					
Johns Hopkins Hospital A. STATE	B. COUNTY					
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TO						
	Balto. YES NO NO					
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AN	TES EL NO L					
Months Days Hours Min.	41 E. Chase Street					
11. BIRTHPLACE (Stote ar fareign cauntry) 12. CITIZEN OF 13. FATHER'S						
MAT SOUNTRY?	1. In the					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S	S MAIDEN NAME					
done during most of warking life, even if retired)	J MAIDER HAME					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMA	ANT ADDRESS					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give) yor, or doles of service) 17. SOCIAL SECURITY NO.	ADDRESS A					
14 1/40	APPROXIMATE INTERVAL					
CAUSE OF DEATH	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY	il hematoma					
LEADING TO DEATH (A) IMMEDIATE CAUSE						
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.)	ENCE OF:					
injury or complication which coused death.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING THE TO, OR AS A CONSEQUENCE TO THE ABOVE CAUSE (A) STATING THE	JENCE OF:					
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORME						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORME	D 21. AUTOPSY? (Yes ar No)					
	yes					
	C. WHERE DID (If in Boltimare City, give exact lacation)					
UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJ	JORY OCCUR!					
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22E	F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) MHILE AT WORK AT WORK						
23.						
I certify that I held on Inquiry Inspection Autopsy	and that an this basis, death in my apinian					
resulted from: Notural/sauses Accident Suicide Hom	nicide Undetermined monner XX					
	HIEF MEDICAL EXAMINER					
SIGNATURE ASSIST	TANT MEDICAL EXAMINER DATE SIGNED					
	CIATE MEDICAL EXAMINER XXX 3/15/71					
NAME (Type)						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATOR	24D. LOCATION (City, tawn, ar county) (State)					
REMOVAL (Specify) 3-18:01 Mt-Aller (1)	t mila mil					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C/FL	UNERAL DIRECTOR ADDRESS					
1600 and 1000 Oct.	Delet 122 1- 11.1					
MAR 1.9 1971 MR. B.E. Ja. Ben M.B. 1	Wilson 1017 Marty					
VS 151-REV. 1/1/6B	F2 1 ()					

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	71	2751			BALTIMORE CIT				71	2m54	
	BIRTH NO.		Plinaly	th	CERTIFICA	ATE OF I	DEATH	REG. NO	11	4/01	
	1. NAME OF (Type or Print)	TEM	PYOL	AY			2. DATE AN	1777	н	2500	
	FULL NAME HOSPITAL O	OF (IF NOT	IN HOSPITAL OR I	MH	VIDEO	A. STATE C. CITY OF TO	R COUN	BALTI.	MOR	residence before admission) E CITY	
4	SINI		SP. OF	BM	TINC.	BAL	TIM OAND NUMBER	HAPI	YES [NO DE	
	5. SEX	6. RACE	7. MAR	RIED N	EVER MARRIED	8. DATE OF B	IRTH	9. AGE (In years	If Und Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.	
	IDA. USUAL C	CCUPATION IGIV	kind of work 10B, KIN	WED OF BUSIN	DIVORCED	Y 11. BIRTHPLA	114	56		IZEN OF WHAT COUNTRY	
	done during mo	st of working life, ev	en if retired)	(17)	4	a-a	Co maiden NAM	el		USA	
) do	Dale S	ackeo	w M	illor	Flore	uce S	ackeon)		
	(Yes, no or unk	nown) (If yes, give	wor or dotes of sen		DCIAL ECURITY NO.	Munia Munia	28. 160	a poel	1	ADDRESS	
	18.4	100		24/	CAUSE OF DEA	TH	Jan	- KOURE	iecc	APPROXIMATE INTERVAL	
	DI	SEASE OR CONT	DITION DIRECTLY			ARDIA	L /1	FARCT	ION	BETWEEN ONSET AND DEATH	
	heort foil	ure, osthenio, etc	mode of dying, I means the disich caused death.	e.g., eose,	(A)IMMEDIATE CA	A CONSEQUEN	CE OF:	***********************		***************************************	
		ANTECEDEN			TAT	ER105	SCLE	ROSIS			
	rise la		ONS, if any, g ause (A) slaling N last		(B) DUE TO, OR A	S A CONSEQUE	NCE OF:	***************************************			
		- 11			(0/			***************************************			
	A DISEASE O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					PTENSION, SCLERODERMA				
		OF OPERATION	198. CONDITION WAS PERFORMED	FOR WHICH	OPERATION	20A. AUTO	PSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING C.	FINDING:	CONSIDERED DEATH?	
	OR CONT	IDENT WAS UND RIBUTINO CAL offly medical exam	ined	218. PLAC home, form etc.)	E OF INJURY (e.g., n, foctory, slieet, (in or obout 21 C. iffice bldg., INJU	WHERE DID	(If In Boltime	are City, giv	re exoct lacation)	
	OF INJUR (APPROX.)	Y	oy) (Yeor) (Hour)	While At	RY OCCURRED Not Whi At Work	le 🖂	TOW DID WOL	RY OCCUR?	*	,	
			s hospital) attend		eased fram	2/2	2/7/_1	9ta	3/	17 19 2/	
	i .	•	e deceased alive		3/17	19 <u>.7</u> /		t in (my) (aur) ap	Inlan dea	th accurred on the date	
	ond hour		ouses stated abov	/e. (I) (We)	(did) (did not)	view the body	after death.				
	Ha	n Si	enskin	2	M. DEGREE Phy	ending	Med.	hys.	23 B. DA	3/17/7/	
	23C. PHYS	E (Type)	SUN	SHIN	E M.D	23D. ADDRESS	Sp1 4	nsp 0	F-BI	FIT INC	
•	24A. BURIAL REMOVA	CREMATION, 248	DATE 24	IC. NAME OF	CEMETERY OF CR	EMATORY	24D. LO	CATION (C	ily, town,	or county) (Stote)	
9	Bur	C'D BY HEALTH	3-20-01 DEPT. 1258. NA	ME OF REG	ahay	Conl	AL DIRECTOR	a Cou	ut	Mex	
	MAR	19 1971		alen,		609	Joseph	-1000B	iani	ty al	

Letter of Daughter of Decigant.



IMPORTANT

DIRECTOR:

FUNERAL

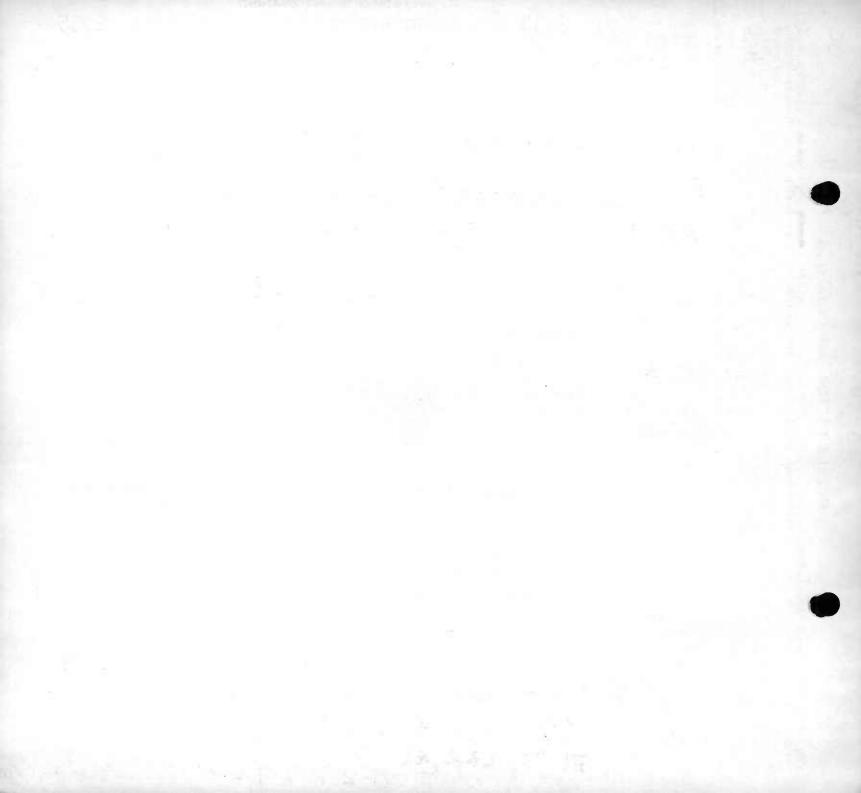
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VS 150-REV. 1/1/68

with terminal Operator to the Control of THE CONTRACTOR OF THE PROPERTY OF THE PARTY ANALIST TO SELECT THE SECOND S

BALTIMORE C	CITY HEALTH DEPARTMENT
BIRTH NO. M.E CASE NO. 71 2755 CERTIFIC	CATE OF DEATH Registered No. 71 2755
T. NAME OF DECEASED (Type or Print) BERIRICE ETHEL White	2. DATE AND HOUR OF DEATH 3/17/7/ 12 59A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give street	md 909
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
09638 n. Caroline It	D. STREET ADDRESS (If typp), give location)
9000 11	1638 N. Caroline D
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	3/11/03 65
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS one during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MAID HOSP.	N, C
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 1 6. SOCIAL SECURITY NO.	ALLEN White 1638 n. Caroline It
18. CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Juna ton and Individualion
(This does not mean the mode of dying, e.g., (A) DUE TO	A Maconson
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	CO CO P. SEC.
ANTECEDENT CAUSES (8)	Colonia de la co
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	
II .	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
D 21A, ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At W	While O
22. I certify that (I) (this hospital) attended the deceosed from	3-10 1971 10 3-11 1971
that (I) (we) last saw the deceased alive an 3 - 10	19 1 and that in(my) (aur) apinian death accurred an the da
and haur and fram the causes stated above. (1) (\(\frac{\(\mathrea\)}{\rightarrow\) (did na	it) view the body ofter death.
23A SIGNATURE	23B, DATE SIGNED
T' K. adams M.D.	Attending Med. Stoff Phys. 3 - 1-1-
23C. MYSICIAM'S NAME (Type)	23D. ADDRESS
	i.o. 1222 11 Continue of
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	The Third of the same of the s
BURIAL 3 Na 1 (Mulles	
MAR 1 9 1971	256 FUNERAL DIRECTOR ADDRESS 130-411.
Willin T3 min American	& Dans to rocks I - I all of white



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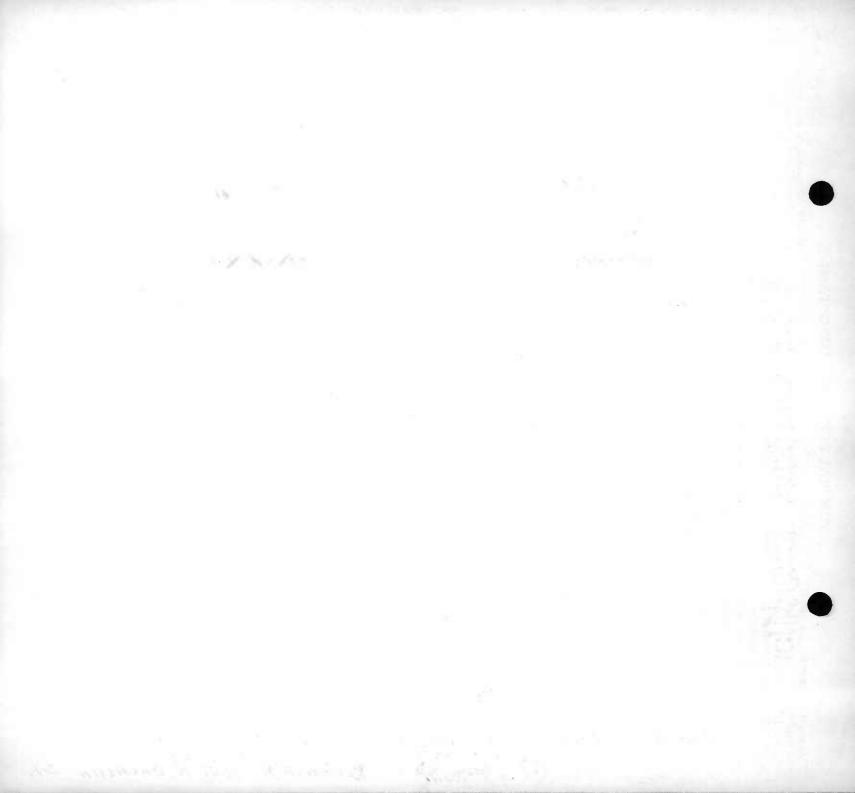
BIRTH NO. 71 275 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 2756
I. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) JAMES BROWN	OF DEATH Estimoted March 17, 1971 8:25 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 17, 1971 8:25 P.M.
46 Lutheran Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
7-31-55 lost birthdoy) Months Doys Hours Min.	1104 Whatcoat Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT SOUNTRY?	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even If relired)	15. MOTHER'S MAIDEN NAME
student	Dorothy Franklin same
ió. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Dorothy Brown same
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
4-4-44	AUSE Gunshot wound of chest
(Inis does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, Injury or complication which caused death.)	
ANGEOGRAPHICA	
DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A CONSEQUENCE OF.
C (c)	
NAME OF THE PARTY	
CC)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes of No) (Partial)
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, loctory, street, office	In or about 22C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	1104 Stricker Street
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) 3-17-71 7:35 P. m. WHILE AT NOT AT W	WHILE X Shot during card game
23. (Par	opsy X ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	The state of the s
	CHIEF MEDICAL EXAMINER
ACTUAL () . I Smarto	ASSISTANT MEDICAL EXAMINER X DATE SIGNED
SIGNATURE M.D.	
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER March 18, 1971
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY (or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3-22-71 Mt. Auburi	n Cem. Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR	25C. FUNERAL DIRECTOR V. Bailey ADDRESS
MAR 19 1971 Uples E. Jacker, R	Kelson F.H. 1348 Calhoun St.
VS 151-REV. 1/1/68	

Burn Hart State of St. 9-43-6 SACTOR OF THE ROLL OF THE PERSONS ASSESSED.

(T D - 1 + 1	ASED			2. DATE	Known 🗌	Manth	Doy	Year	Haur
Type or Print)	JACOE	LEE		OF DEATH	Estimated 🗌				
4. PLACE IN BALTI	MORE, MARYLAND, V	VHERE PE	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	ITUTION, GIVE STREET		INCED DEAD	3 e deceosed l	16 ived. If institution	1971	8:55
	1710 Etting			A. STATE	Md.		B. COUNTY	140	02
nale	negro	WIDOV	IED X NEVER MARRIED	11	ltol,		D. INSIDE C		NO 🗌
9. DATE OF BIRTH	5 10. AGE (I	n yeors	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.		ND NUMBER O Etting	St.			
Md .	ate ar fareign cauntry)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER			E		
4A.USUAL OCCUPA		14B. KIND	OF BUSINESS OR INDUSTR						
	rking life, even if refired) nter			Anı	na Dell	Hebb			
6. WAS DECEASED	D EVER IN U.S. ARMEI	FORCES	? 17. SOCIAL SECURITY NO.	1B. INFORM			A	DDRESS	
no	ii yes, give wor ar dates	OI PALAICE	SECORITT NO.	Ceci:	lia Meri	ritt	9 Lin	coln A	Ave.
19576	.0.		CAUSE OF DEA	TH	7.8				PROXIMATE INTER
I UNDERLYING	ABOVE CAUSE (A) STA	TING THE			of ampull				
OTHER SIGNIF	11 FICANT CONDITIONS C								
OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT RELATED TO CONDITION GIVEN IN P.	ART I (A)	ING NAL	AS DEDECORM	ED			121 AUTO	DCV2 /Ves or N
OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT RELATED TO CONDITION GIVEN IN P.	ART I (A)	ING	AS PERFORM	ED			21. AUTO	PSY? (Yes or h
TO THE DEAT DISEASE OR C	H BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COI	OTHE TERM ART I (A). NDITION	ING NAL	in or about 2:	2C. WHERE DID	(If in Baltima	are City, give ex	у	PSY? (^{Yes} or N
22A. EXTERN UNDERLYING	H BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COI	O THE TERM ART 1 (A): NDITION	FOR WHICH OPERATION W 22B. PLACE OF INJURY (e.g., hame, form, foctory, street, offic) 22E.INJURY OCCURRED WHILE AT NOI	in or about 2: te bldg., etc.) IN	2C. WHERE DID			у	
22A. EXTERN UNDERLYING UTING CAUSE 22D. TIME (MOFINJURY (APPROX.)	THE BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. CO. AL CAUSE WAS OR CONTRIB- SE OF DEATH. Conth) (Day) (Year	r) (Hav	FOR WHICH OPERATION W 22B. PLACE OF INJURY (e.g., hame, form, foctory, street, office) 22E.INJURY OCCURRED WHILE AT NOT AT V	in or about 2: te bldg., etc.) IN	2C. WHERE DID NJURY OCCUR?			у	
22A. EXTERN UNDERLYING UTING CAU 22D. TIME (MOFINJURY (APPROX.)) 23.	THE BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COID AL CAUSE WAS CONTRIBUTED OF DEATH. Sonth) (Day) (Year System)	r) (Hou	FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office) 22E. INJURY OCCURRED WHILE AT NOT AT V Inspection A	in or about 2; the bldg., etc.) IN 2; WHILE WORK IN 2;	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on t	JURY OCC	UR?	y opinion	
22A. EXTERN UNDERLYING UTING CAU 22D. TIME (MOF INJURY (APPROX.)) 23.	THE BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. CO. AL CAUSE WAS OR CONTRIB- SE OF DEATH. Conth) (Day) (Year	r) (Hou	FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office) 22E. INJURY OCCURRED WHILE AT NOT AT V Inspection A	in or about 2: te bldg., etc.) IN WHILE VORK Itopsy Ho	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on the	JURY OCC his basis,	UR?	y opinion	
22A. EXTERN UNDERLYING UTING CAU 22D. TIME (MOFINJURY (APPROX.) 23. I certif resulte ACTUAL	AL CAUSE WAS OPERATION 20B. COI AL CAUSE WAS OR CONTRIB- SE OF DEATH. Annih) (Day) (Yea. Ty that I held on I d from: Natural cau	r) (Hou	FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office) 22E. INJURY OCCURRED WHILE AT NOT AT V Inspection A	in or about 2: the bldg., etc.) IN WHILE VORK thopsy Assets	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on t	JURY OCC his basis, Undeterm EXAMINER	UR?	y opinion	
22A. EXTERN UNDERLYING UTING CAU 22D TIME (M OF INJURY (APPROX.) 23. I certif resulte ACTUAL SIGNATUR EXAMINER NAME (Ty)	THE BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COID AL CAUSE WAS OR CONTRIBUSE OF DEATH. Tonth) (Day) (Year of the control of t	r) (Hounguiry [FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office) 222. INJURY OCCURRED WHILE AT NOT AT V Inspection Au Accident Suicident Mihalakis, M.D.	in or about 2: the bldg., etc.) In the bldg., etc.) In the bldg., etc.) I WHILE	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on the control of the control occurs. CHIEF MEDICAL ISTANT MEDICAL ISTAN	JURY OCC his basis, Undeterm EXAMINER EXAMINER	deoth in my ined monner	y cact location)	DATE SIGNE
22A. EXTERN UNDERLYING UTING CAU 22D. TIME (MOFINIURY (APPROX.) 23. I certif resulte ACTUAL SIGNATURE EXAMINER NAME (Ty) 24A. BURIAL CREMA	THE BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COID AL CAUSE WAS OR CONTRIBUSE OF DEATH. South (Day) (Year of the Country of th	r) (Hounguiry [FOR WHICH OPERATION W 22B. PLACE OF INJURY (e.g., hame, form, foctory, street, office) 22E. INJURY OCCURRED WHILE AT NOT AT V Inspection Au Accident Suicid	in or about 2: the bldg., etc.) In the bldg., etc.) In the bldg., etc.) I WHILE	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on the control of the control occurs. CHIEF MEDICAL ISTANT MEDICAL ISTAN	JURY OCC his basis, Undeterm EXAMINER	deoth in my ined monner	y opinion	DATE SIGNE
22A. EXTERN UNDERLYING UTING CAU 22D. TIME (MOFINJURY (APPROX.) 23. I certif resulte ACTUAL SIGNATUR EXAMINER	THE BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COID AL CAUSE WAS OR CONTRIBUTED TO	r) (Hounguiry [FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office) 222. INJURY OCCURRED WHILE AT NOT AT V Inspection Au Accident Suicident Mihalakis, M.D.	in or about 2: the bidg., etc.) In 2: I WHILE	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN and that on the control of the control occurs. CHIEF MEDICAL ISTANT MEDICAL ISTAN	JURY OCC his basis, Undeterm EXAMINER EXAMINER EXAMINER LOCATION	deoth in my ined monner X	y cact location)	DATE SIGNE

Letter from M.E.'s office 4-13-71 M.H.

VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

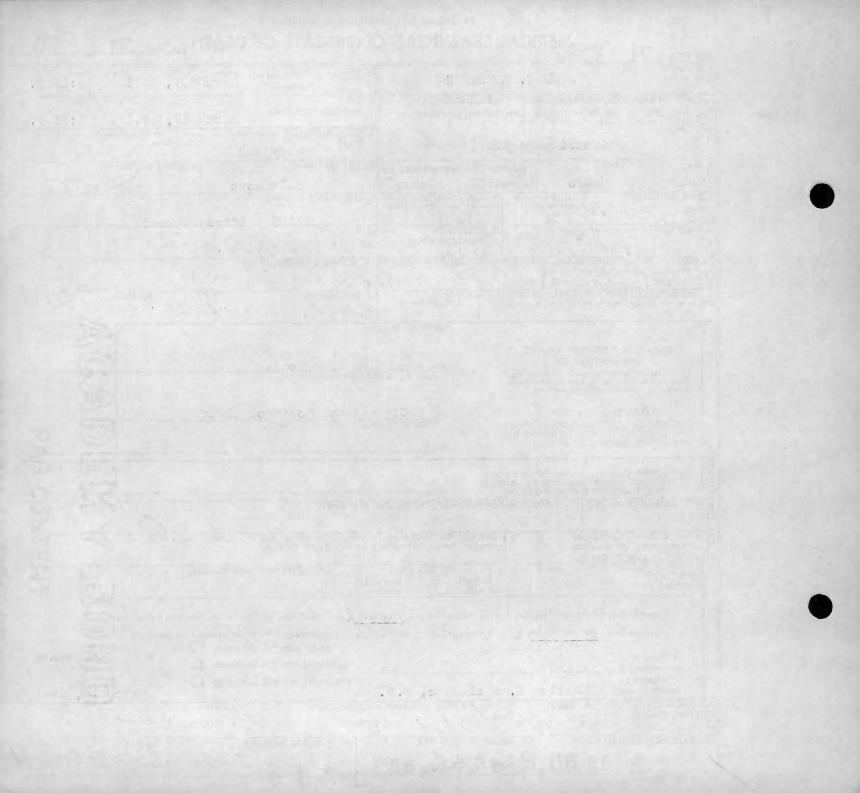
MEDICAL	EV A MINIEDIC	CERTIFICATE	OF DEATH
MEDICAL	EVAWIIJEK 9	C.EKIIFIC AIF	OF DEATH

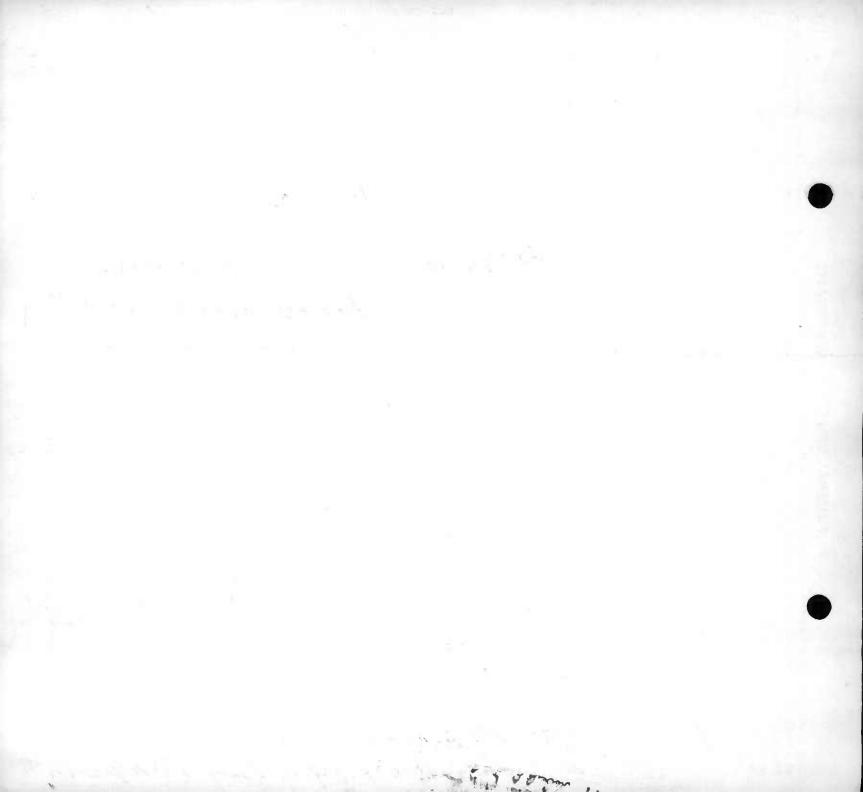
BIRTH NO.		MED	ICAL	EX	AMINER 5	LEKIII	ICATE	OF	DEATH	REG. NO.	/1	2759
1. NAME OF	DECEASED					2. DATE	Known	_	Month	Doy	Yeor	Hour
(Type or Print)		FRANK	MC	CRA	Y	OF DEATH	Estimote	ed 🔲	March	18, 1	971	м.
	BALTIMORE, MA					3. DATE	DUNCED DE	AD .	Month	Doy	Yeor	Hour
HOSPITAL OR INSTITUTIO	(IF NO	ESS OR LOCA	IL OR INST	TITUTIO	N, GIVE STREET				March		971	11:15A. M.
OK INSTITUTION						5. USUAL A. STATE	RESIDENCE	(Where		ed. If institution	: residence	before odmission)
00		L West					Maryla	nd			14	103
6. SEX	7. RACE		8. MARRI	IED 🚰	NEVER MARRIED	C. CITY C				D. INSIDE CI	TY LIMITS?	
Male	Negr		WIDOW		DIVORCED		Baltim			YE	s 🐴	NO 🗌
9. DATE OF B		10. AGE (In		Months Months	er 1 Yr. Il Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUM	1				
5-15-		69						est	North A	Avenue		
	E (State or foreig	in country)			IZEN OF	13. FATHE	R'S NAME					
	.C.	1. 1 (12	AR KINE	U	S.A.	115 160 11	John	MCC	ray			
done during mos	of working lile, ev	en ifretired)	I 4D. KIND	OF BU	SINESS OR INDUSTRY	15. MOIF	EK.2 WAIDE	N NAM	IE			
	Railroa		FORCES	2 11	7. SOCIAL	18. INFO	D AA A NIT			AF	DRESS	
(Yes, no or unkno	wn) (Il yes, give	wor or dotes	of service)		SECURITY NO.					AL	DK E33	
19. //					CAUSE OF DEA		celle	Mc C	ray	sai		PPROXIMATE INTERVAL
17	2.91				Arterioso		ic card	iova	scul ar	dieane	BETY	WEEN ONSET AND DEATH
DISE	ASE OR COND LEADING TO		CTLY		THE CCL LOSC	LCLOC	LC Caru	itova	bcular	aracaa		
(This doe	not meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE C	AUSE S A CONSE	QUENCE OF:					
heort toi injury or	ore, osthenio, etc complication whi	. It meons the ch coused dea	diseose,		Toy of the second							
	ANDECEDENT											
DISEASI	S OR CONDITI	ONS IE ANY	GIVING		(8) DUE TO, OR	AS A CONS	EQUENCE OF	F:				
RISE TO	THE ABOVE CA	USE (A) STAT	ING THE									
Z					(c)							
OTHER S	GNIFICANT CON	II NDITIONS CO	NTRIBUTI	ING								
OTHER S TO THE DISEASE 20A. DATE	DEATH BUT NOT OR CONDITION	RELATED TO	THE TERMI	NAL	***************************************							
20A. DATE	OF OPERATION	1 20B. CON	IDITION F	FOR W	HICH OPERATION WA	S PERFOR	MED				21. AUTC	PSY? (Yes or No)
1.1												No
	ERNAL CAUSE		2	22B. PL	ACE OF INJURY (e.g.,	In or obout	22C. WHERE	DID (I	i in Boltimore	City, give exo	t locotion)	
D UTING	NG∏OR CON CAUSE OF DEA		l'	nome, n	orm, foctory, street, office	blag., etc.)	INJURI OC	CURT				
OF INJURY	(Month) (D	oy) (Yeor	(Hour		INJURY OCCURRED		22F. HOW D	INI DIC	URY OCCUR	17		
(APPROX.)				m. WHI	LEAT NOT	WHILE D						
23.				٦.	F#							
	ortify that I h		rquiry L			opsy 📙	_	-	Is basis, d	eath in my	opinion	
res	ulted from: N	atural caus	505 X	Acc	Ident Suicid	• L 1	lamicide _			d monner L]	
ACTU	AL T	1 6	13	1	1		CHIEF MED					DATE SIGNED
SIGN	ATURE	unus	7,	9	rengale M.D.	AS	ISTANT MED	ICAL EX	AMINER [X		
	INER'S (Type)	Char1	es S.	Sp	ringate, M.I	ASS	OCIATE MED	ICAL EX	AMINER L	Mar	ch 18	, 1971
24A. BURIAL C	EMATION. 2	4B. DATE		24C.	NAME of CEMETERY	or CREMA	ORY	24D. L	OCATION	(City, town,	or county) (Stote)
REMOVAL BS	Tral	3-22-			Arbutus	Mem.	Pk/	4.5	Balt	o., Mc		
25A. DATE REC	D BY HEALTH	DEPT.	25B. NA	AME-O	F AEGISTEAR	25C.	FUNERAL D	IRECTO		iley A		
M	AR 19 19	371 06	Bert E	Ya	Bey KA		lson l			8 Call		St.
VS 151-REV. 1/1			1-13		T-0-7	1 0	-	-				

region of the committee of . .

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	INC. 7	1 2	MED	ICAL	. EX	AMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	71	276	0_
	ME OF DEC	EASED	JOHN	W. R	OBIN	ISON	2. DATE OF DEATH	Known 🔍 Estimated 🗆	Month March	17, 19	71 Yeor	5:15	P
FULL N	NAME OF					JNCED DEAD N, GIVE STREET	3. DATE PRONC	UNCED DEAD		4	Year 971	5:15	Р. _{м.}
OK IA	SHIGHON	Unive	rsity	Hosp	ital		S. USUAL A. STATE	RESIDENCE (Where	-	ed. If institution B. COUNTY	n: residence	before odmissi	оп)
6. SEX		7. RACE Neg	ro	8. MARR	-	NEVER MARRIED	C. CITY O	R TOWN Baltimo	nre.	D. INSIDE CI	lei .	No 🗆	
9. DA	TE OF BIRTI	1946	10. AGE (In last birthday	years	If Und Manths	er t Yr. It Under 24 Hrs. Days Haurs Min.	E. STREET	AND NUMBER				140	
-		tole ar lareign	A .	C		TIZEN OF	13. FATHER	JEU R	1	Street			
dogs du	UAL OCCU uring mast of w ULTR	rarking life eve	kind al wark 1 n li rettred)		OF BL	SINESS OR INDUSTR	4 -	r's MAIDEN NA	WE	y			
(Yes, no	AS DECEASI ar unknown)	D/EVER IN U (If yes, give we	I.S. ARMED ar ar dates o	FORCES f service	5? 1	7. SOCIAL SECURITY NO.	MANY		onto	2.26 A	DDRESS JOSH	on H	
	DISEASI (This does no heart failure, injury or con DISEASES CRISE TO THE	E OR CONDITION LEADING TO at mean the masthenia, etc. uplication which MTECEDENT COR CONDITIO ABOVE CAUL	DEATH nade of dyi it means the caused dea CAUSES NS, IF ANY, SE (A) STATI	ng, e.g., disease, th.)			Metamo	neumonia QUENCE OF: rphosis of	E liver			PPROXIMATE INTI	
의	TO THE DEA	FICANT CONT TH BUT NOT F CONDITION C	DITIONS CO	THE TERM	INAL								
CER 20/	A. DATE OF	OPERATION	20B. CON	IDITION	FOR W	HICH OPERATION W	VAS PERFORMED 21					PSY? (Yes ar	Na)
	NDERLYING	NAL CAUSE VIOR CONTI	RIB-		228. PL	ACE OF INJURY (e.g., arm, factory, street, affic	In ar abaut bldg., etc.)	22C. WHERE DID (ll in Boltimar	City, give exo	t lacation)	es	
≥ 221 OF	D. TIME (FINJURY PPROX.)	Month) (Da		(Havi	'	ILE AT NOT	WHILE -	22F. HOW DID IN.	URY OCCU	R?			
	l certi	R'S ype) (tural caus	J.	Spr	ingate, M.D.	ASS	CHIEF MEDICAL E STANT MEDICAL E OCIATE MEDICAL E	Undetermin XAMINER XAMINER	ed manner [March	DATE SIGNE	71
REMO	VAL (Spetif		3/21/	7/ 25B. N	17		unn	FUNERAL DIRECTO	SACT	مملاه.	or caunty)		
	1	MAR 19	1971	Robe	3 %	Jaben R.D.	My	mham	PH	Janka	3809	SILMO	2 -5
/5 151	-REV. 1/1/68			-5	E .		7 17			7		-	-



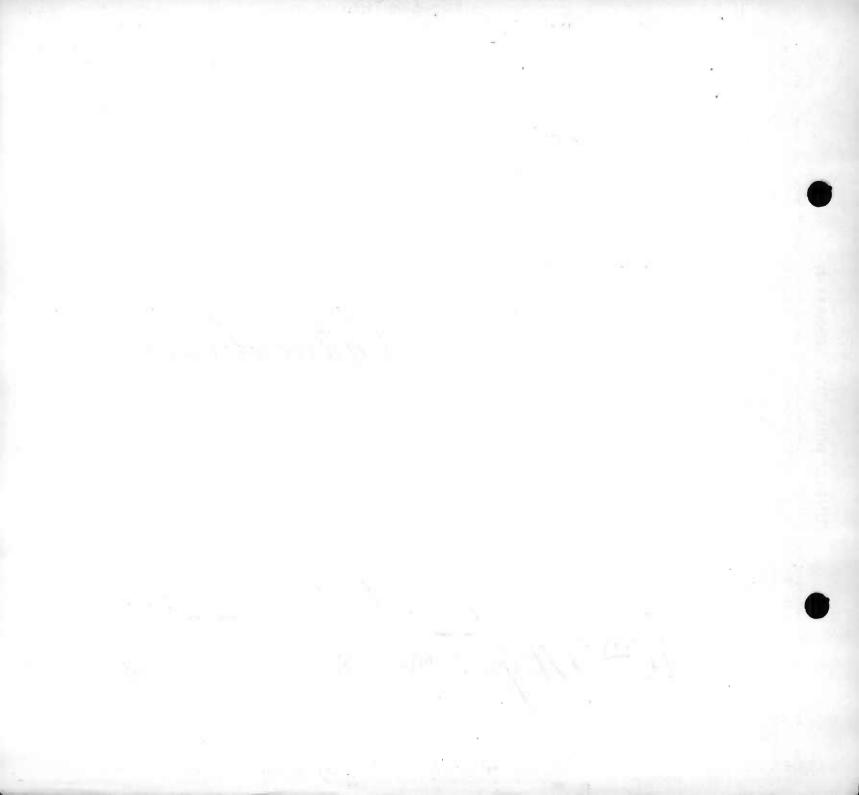


271	mie Danie	0	BALTIMORE CITY	HEALTH DEPARTMENT		F14 0 00
BIRTH N	71 276	2	CERTIFICA	TE OF DEATH	REG. NO	71 2762
1. NAM (Type of	Print) +a F	rances	Tildon	Ma	AND HOUR OF DEATH	971 11:30 PM.
P FULL N HOSPIT	TAL OR ADDRE	I IN HOSPITAL OR IN	STITUTION, GIVE STREET	c. CITY OR TOWN E. STREET AND NUMBER 25 27 RIG	D. INS	SIDE CITY LIMITS? YES NO
5. SEX	emale Ned	F-C WIDON	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH PUG-16, 1894	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Ho	SUAL OCCUPATION (Given in a most of working life, ex	e kind of work 10B, KIN	O OF BUSINESS OR INDUSTRY	Md.		12. CITIZEN OF WHAT COUNTRY?
Ste		amwi-16h		14. MOTHER'S MAIDEN N	AME	
15. Was (Yes, no	s Deceased Ever in U. S or unknown) (If yes, give	S. Armed Forces? e war ar dates of servi	16. SOCIAL SECURITY NO. 193-36- \$/31 CAUSE OF DEAT	CATHET 776	HLOT	ADDRESS Approximate interval
DIS rise UN	LEADING To this does not mean the control of the co	e made af dying, lc. It means the dise hich coused death.) NT CAUSES FIONS, if any, gi cause (A) stating ON tost.	ving the (C)	SCLANTEL HE A CONSEQUENCE OF:		en/10th 6/118
	SEASE OR CONDITION GA. DATE OF OPERATION	SIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR	A. ACCIDENT WAS UN R CONTRIBUTING CA ATH (natify medical exo	USE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21 D OF	D.TIME (Month) (E INJURY PPROX.)	Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Work Not While At Work	21 F. HOW DID II	NJURY OCCUR?	
tha	at (1) (we) last saw t	he deceased alive	e. (1) (We) (did) (did nat) \	riew the bady after death		3 - 18 197/ , pinian death accurred an the date
24A. BL 25A. DA	C.PHYSICIAN'S NAME (Type) G. FUXAM K. URIAL CREMATION, 24 EMOVAL (Specily)	in Ph/// AB. DATE 24	DECKEE!	558 MeMaok	LOCATION (City, lawn, or county) (Stole)
EJM. DI	ATE BEC'D BY HEATTH	DEPT OSE NA	of alvery le	melery 100	wa ma	ADDRESS.
24A. BL 25A. D.	MAR 19 19	0	Me Of REGISTRAR	25C. FUNERAL DIRECTI	- L. C. P. L.	ADDRESS

VS 150-REV. 1/1/68

VS 150-REV, 1/1/68

1,0	- Prysil	00		HEALTH DEPARTMENT		71 200				
BIRTH NO.	~	2765	CERTIFICA	TE OF DEATH	REG. NO	1 6700				
(Type or Print)	John Crawfor	d Frost			ch 18, 1971	1439				
3. PLACE IN B.	ALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD		here deceased lived. It is	nstitution: residence before admission				
FULL NAME O		TAL OR INSTITU	TION, GIVE STREET	Maryland	,,,,,,	2717				
HOSPITAL OR	ADDRESS OR LOC	CATIONI		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?				
C Long	g Green Nursi	ng Home		Baltimore		YES X NO				
70				3047 Spaulo	ling Avenue					
Male	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8/1/94	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 His Months Doys Hours Min.				
10A, USUAL OC	CUPATION (Give kind of wo	1 108 KIND OF		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY				
Tone Colling Incar	or working me, even a remedy									
13. FATHER'S N	AME		Sing	14. MOTHER'S MAIDEN N.	AME					
Rev. W	1. A. Frost (late)								
5. Wos Deceose	ed Ever in U. S. Armed Fo	orces? les of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
				Mrs. Helen Sc	hmenner 665	21229 S. Wickham Rd.				
18. 4	4.11	Alle II	CAUSE OF DEAT		1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1This does	ASE OR CONDITION DEATH LEADING TO DEATH not meen the made of	l dving e.c.	(A) IMMEDIATE CAU		clerosis					
heort failure	1This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,									
injury or co	injury or complication which caused deoth.) ANTECEDENT CAUSES									
DISEASES			(8)	***************************************	*********	******************************				
rise to 1	OR CONDITIONS, if the above couse IA)	stating the	DUE TO, OK AS	A CONSEQUENCE OF:						
UNDERLYIN	NG CONDITION last.		(c)	***********************************						
Z OTHER SIGN	II IFICANT CONDITIONS CO	MITPIPITING								
E TO THE DEA	ATH BUT NOT RELATED TO T	THE TERMINAL	****************							
19A-DATE C	F OPERATION 198 CON	NOTION FOR WI	HICH OPERATION	20A. AUTOPST? (Yes or h	10) 208, IF YES, WERE I	FINDINGS CONSIDERED				
CHIZLA ACCID	ENT WAS UNDERLYING	218, 7	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	If to Boltimor	e City, give exoct location)				
DEATH inoti	BUTING CAUSE OF	home,	form, foctory, street, of	ice bldg. INJURY OCCUR?	h m sommor	only, give exact location,				
O 21 D. TIME	(Month) (Doy) (Teol)	(Houd 21E, 1	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
(APPROX.)		While				16. 1				
22. I certif	y that (i) (this hospita		AI WOIK		7/	18 Mech 71				
	tast saw the decease		10 Merc	11)10 //	.1Y/to/	19 1				
-		/	(ML) (ded) (did = 1)	ew the bady after death.	nat in /m y/ (out) obji	nian death accurred an the date				
23A SIGNAT	URE Y	(I)	(me) kara) (ala nat) v	w the bady after death.		238, DATE SIGNED				
141	01-01	15/K	Atte	Med.	Staff	3 - 18 21				
23C. PHTSICE	ANS	109/12	DEGREE Phys	3D. ADDRESS	Phys.	0-10-11				
NAME	Dr. Will	ian G. He	elfrich		and Avenue					
24A. BURIAL CR	EMATION, 248. DATE		DEGREE AE of CEMETERT OF CRE			y, town, or county! IStote!				
Burial	(Specity) 3/20/7		. Mary's	1200	Emorton, Mary					
SA. DATE REC'	D-BY HEALTH DEPT.	258 NAME.OF	- The state of the	25C. FUNERAL DIRECTO	, ,	ADDRESS				
MAD	02 1077 0.2	2 8 30 B	Cut Make	7,00,000	Ol Edmondson					
/S 150-REV. 1/1	758			2 7 7 77						

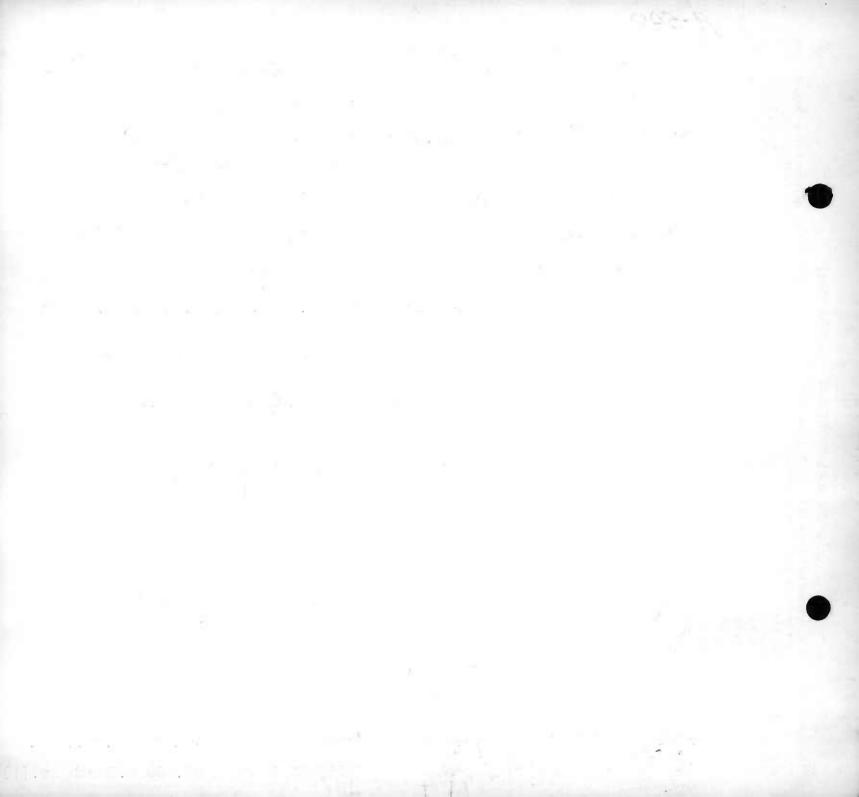


FUNERAL DIRECTOR: IMPORTANT

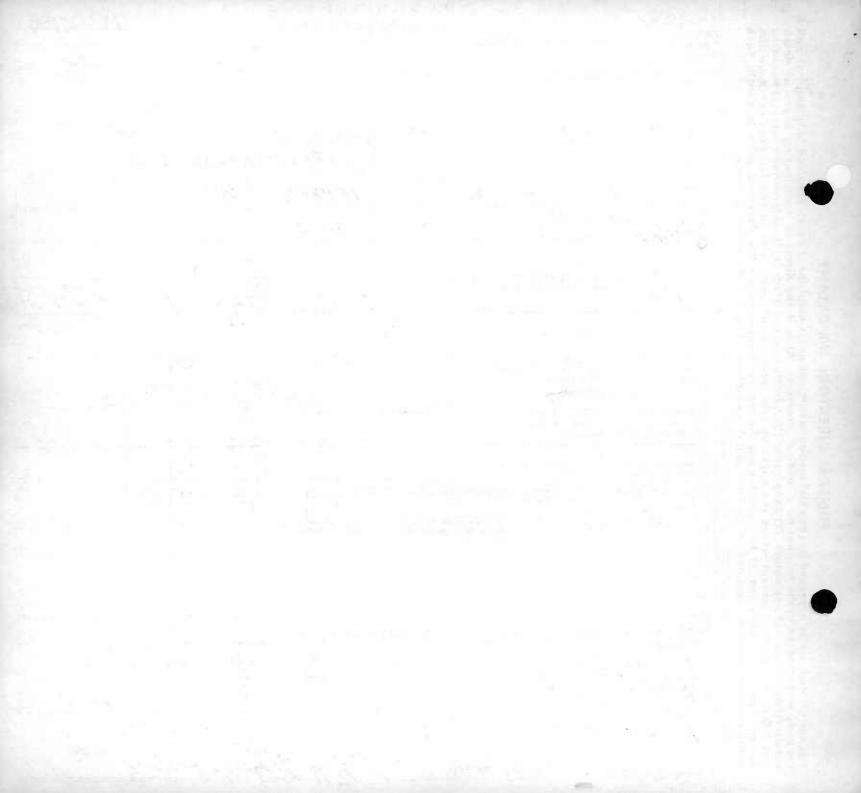
1/ -0	.)		BALTIMORE CITY	HEALTH DEPARTA	MENT	m. s
1-500	71	2766	CERTIFICA	TE OF DEA	TH REG. NO	71 2766
MRTH NO. NAME OF DEC (Type or Print)	FASED	3 Yane		2.	DATE AND HOUR OF DE	
FULL NAME OF HOSPITAL OR	TIMORE MARYLAND, WHE IT NOT IN HOSHITA ADDRESS OR LOCAT Ch Home Hospita	L OR INSTITUTION)	FNDFD	c. CITY OR TOWN Baltim E. STREET AND NU	D. If institution: residence before admissi	
				105 S. Bro	radway	
Male	6. RACE	WIDOWED	EVER MARRIED DIVORCED	8-26-1901	9. AGE (In years lost birthday)	Manths Doys Haus Min
	JPATION (Give kind of work)		-		te or foreign country)	12, CITIZEN OF WHAT COUN
	working life, even if retired)	Seam		Chile		USA
3. FATHER'S NA	ME			14. MOTHER'S MAT	DEN NAME	
	Yanez					
S. Was Deceased Yes, no or unknown	Ever in U. S. Armed Farce (If yes, give wor or dotes	of service)	16. SOCIAL SECURITY NO. 364 03 4029	17. INFORMANT	diss Edith Pof	f, 105 S. Broadway
18, / /	- 11.		CAUSE OF DEAT	Indian - Consoc		APPROXIMATE INTERVA
DISEASES Crise to the	not meon the mode of osthenio, etc. It meons to application which coused of anticological and anticological and anticological an	the disease, death,) ny, giving	(B)	A CONSEQUENCE O	ELEROME CAPA DISPLE	KE //
TO THE DEAT	FICANT CONDITIONS CON THE BUT NOT RELATED TO THE ONDITION GIVEN IN PART	E TERMINAL				
		ITION FOR V	VHICH OPERATION	20A. AUTOPSY?	Yes of No) 20B, IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21 B. ham etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, of	n or obout 21 C. WHER	RE DID (If In Bal	timare City, give exoct lacotion)
OF INJURY	(Month) (Doy) (Year)	Whi	INJURY OCCURRED	e 🗖	DID INJURY OCCUR?	
	.1 . (1) (.1	Wor		12/12	1960 ta	3/13 19.7
	that (1) (this haspital)		ne deceased from	1210		
	last saw the deceased		2/17	19 70		opinian death accurred on the
	from the couses state	d phove. (1) ((C) ((did not) v	iew the bady ofter	r death.	
SA. SIGNATU	L L	0	A + C	ending Med.	Staff	23 B. DATE SIGNED
Lu	wid Ro	Eftan	DEGREE Phy	s. Direct	lar Phys.	3/20/7/
NAME (T	ype) R)		23D. ADDRESS	SRI	Bal. 70,100
das	10 D.K	AJUF	W. M) DEGREE	107) noadur	y salto ma 21
REMOVAL	MATION, 248. DATE 3-23-71	24C. NA	ME of CEMETERY OF CR	9	24D. LOCATION	(City, lown, or county) (Slot
Birrial		Neu		etery	Baltimo	re, Md one,
MAR 9	2 1971 PL	25B. NAME C	F REGISTRAR	Thomas J	Baltimor Kenny Inc 1600	Hollins St
VS 150-REV, 1/1/	6B			4 1 3	ी हरी	

Death Cert. of wife 57-12140 and V.S. 153 3-22-71 M.H.

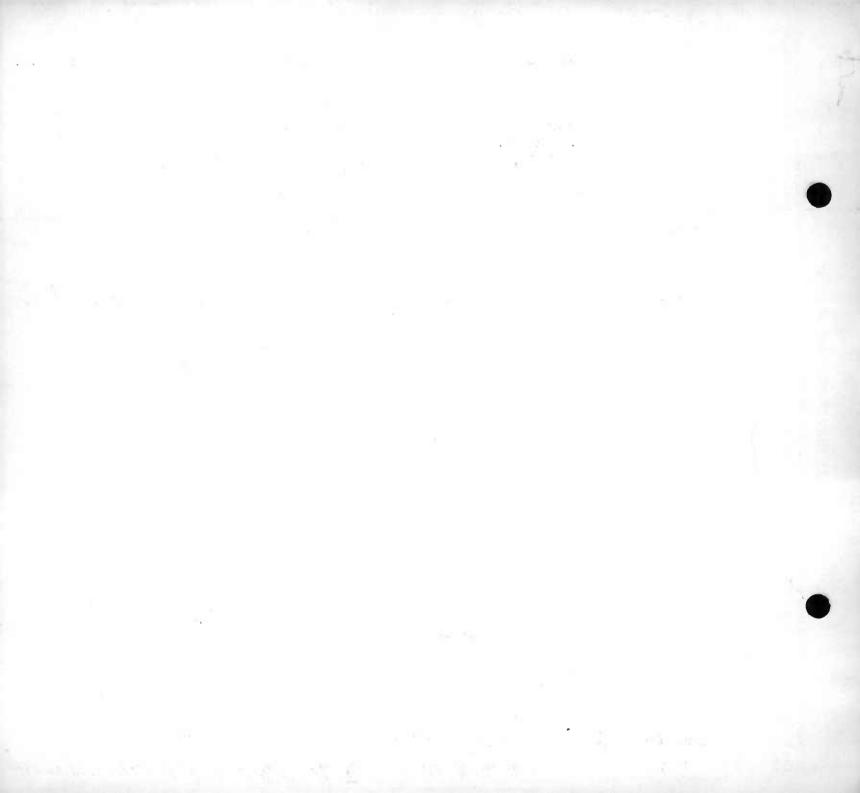
4-500 TH BALTIMORE CIT	Y HEALTH DEPARTMENT 71 2mpm
	ATE OF DEATH REG. NO. TO
(Type or Print) CHEUNG CHOI HAR HOM	2. DATE AND HOUR OF DEATH 3-14-71 19/4 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, If institution; residence below odmission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
South Battimore General	Baltimare YES NO
73	113 N. Ecrtaw Sof
Famale Chisese WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (In yeors 12-26-18 9. AGE (In yeors If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
10A. USUAL DCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	
Housewife 13. FATHER'S NAME	<u>China</u> China
	14. MOTHER'S MAIDEN NAME
Choung Tong 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Lee See
(Yes, no or unknown) (If yes, give wor of dotos of service) SECURITY NO.	5011.
NO 214-50-148'	, , , , , , , , , , , , , , , , , , , ,
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ise Contractor Accidet
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury or complication which caused deoth.)	
ANTECEDENT CAUSES (B) PO	s. Cerebral harmonhage
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS is to the abave cause IA) stoling the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
Z OTHER CICALISIS AND ADDRESS OF THE PROPERTY	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	a with hyperlension
O DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERF FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRACTOR OF THE OWN TO SEE THE	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner)	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Not While At Work	• 🗆
22. I certify that (1) (this hospital) attended the deceased from	3-2-71 19 to 3/4/7/ 19
that (1) (We) last saw the deceased alive on 3/14/71	19 and that in (my) (out) opinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) v	lew the body after death.
23A. SIGNATURE	23 & DATE SIGNED
Phys	nding Med. Staff Director Phys.
AYE NOWE M.D	23D. ADDRESS
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3/22/71 Lorraine Par	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 22 1971 Obbet E. Farger, K.D.	STEWART & MOWEN CO.108 W. North Av. (1

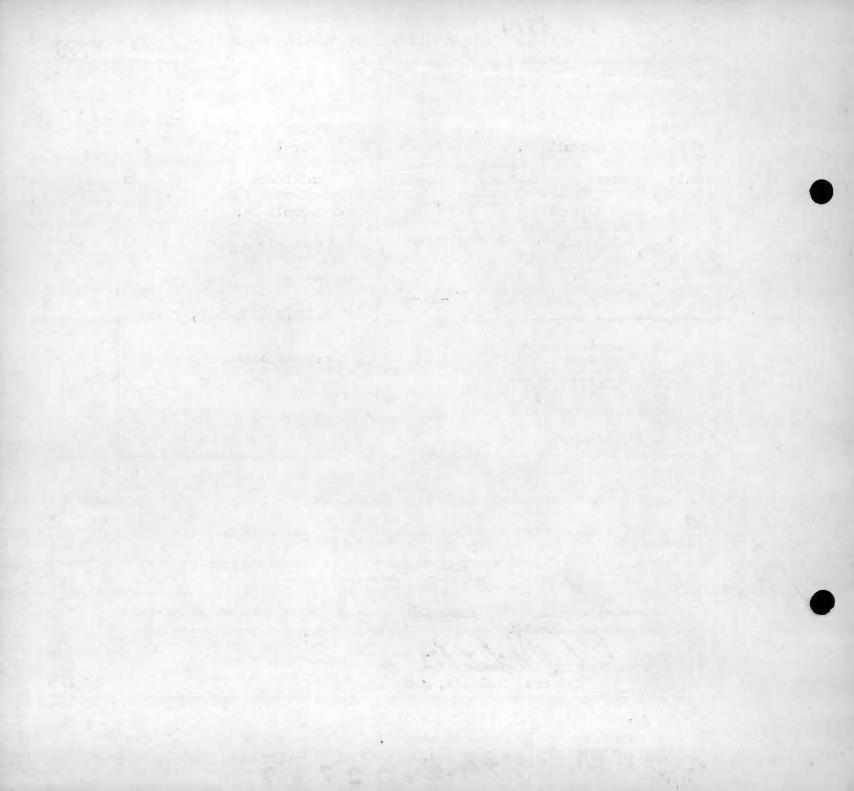


1	n nelil	BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO. 71 2	268 CERTIFICA	TE OF DEATH	REG. NO	71 2768
	NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	0 000
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	A- ONOUNCED DEAD	4. USUAL RESIDENCE (Where of	1/8/7/ sceased tived. If instit	1 3 2 3 AM. 1ution: residence before admission)
FL	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	land of the same	D. INSIDE	CITY LIMITS?
	The Johns Hopkins	Hospital	E. STREET AND NUMBER	Y	YES NO -
			103/ NCEN	TRAL AL)E
5,	SEX 6. RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH 19. A	GE the years	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign of	country)	12. CITIZEN OF WHAT COUNTRY?
dos	ne during most of working life, even if refired)		md		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7	
15. (Ye	Was Decembed Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war or dates of serv	Icel 16. SOCIAL SECURITY NO.	Beatres Die	jas 1707	8, Bredon St
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT	the CHF	& agrial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	,	10-14d
	heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	ase,	11/10/1-1	15/	11
	ANTECEDENT CAUSES	10 Martica	Idlal GARANILLE	y Unvalet	LIBROD
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	Jacob Co	
	rise to the above cause (A) slating UNDERLYING CONDITION last.	(c)			
	11				
VIION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
5	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY! (Yes of No) 20	B. IF YES. WERE FIN	DINGS CONSIDERED
ERTIFICA	2-pore WAS PERFORMED		.yes IN	CERTIFYING CAUSE	ES OF DEATH?
CAL C	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medical examined)	21B PLACE OF INJURY (e.g., in home, form, factory, street, of elc.)	n or obout 27°C, WHERE DID	(If In Baltimore C	City, give exact facation)
MEDI	21D.TIME (Month! (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
3	(APPROX)	While At At Work At Work			
16	22. I certify that (1) (this hospital) attend	ed the deceased fram	19 :	7/_ta	3-18 197/
	that (1) (we) last saw the deceased alive	an 3-/	8 19 2/ and that Ir		in death accurred on the date
	and haur and from the causes stated abov	e. (1) (We) (dld) (dld not) v	lew the bady after death.		
	23A. SIGNATURE			23	B. DATE SIGNED
	Cultory S. The	MUNION DEGREE Phys	nding Med. Stoff Director Phys.		3-18
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		Hall dies
24/		DEGREE	MATORY 240. LOCA	OPKINS	town, or county) (State)
	Burual 3/23/71	net · (alran	a.l	[brenty	town, or county) (State)
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	16 W11=	ADDRESS
VS	MAR 2 2 1971 22 8 5 3	Bay KR O	self Who	PSY 13	act 11 Sapalla
- 0					

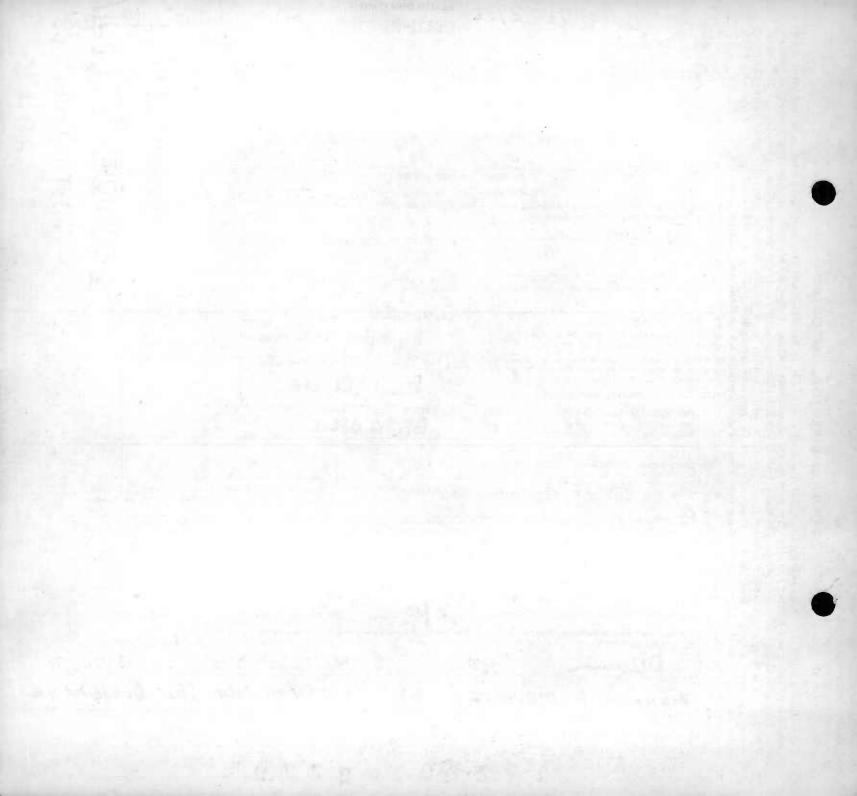


7	-525	71	271	D.M		TY HEALTH DEPARTA		REG. No	71	2769
1, NAME (Type or	OF DECEASED	ole John	son					HOUR OF DEATH		11:20 A.M.
3. PLAC	E IN BALTIMORE,	MARYLAND, W	HERE PRON	OUNCED	DEAD	4. USUAL RESIDEN	CE (Where d			Nence before admission
	AME OF (IF AL OR AC TION Midt	NOT IN HOSPIT DRESS OR LOCA OWN HOME 8 St. pai	AL OR INST ATION)			C. CITY OR TOWN	7	`	YES	1001
10		_	alt, Mo	d		1117 1	From AN	at 1	1	
- SEX	6. RACE		7- MARRIEI	D NEV	ER MARRIED	S. DATE OF BIRTH	9. 1	AGE (In years 69	7 II Under 1	Yr. If Under 24 Hrs.
F		N	WIDOWE		DIVORCED	5/16/0	1/ lest	birthdey	Menths De	ys Haurs Min.
DA, USU, one durin	AL OCCUPATION	(Give kind af wark for even if relired)	108 KIND	OF BUSINE	SS OR INDUSTR	11. BIRTHPLACE (Sta	ate er lareran	caunity)	12. CITIZEN	OF WHAT COUNTRY
N	rameal	2				Washing	nofon	100		
- FATH	ER'S NAME	7		74		14. MOTHER'S MAI	DEN NAME	5		
		,					/			
i. Was I es,na ar	Deceased Ever in runknown) (II yes,	U. S. Armed Fer- give wer er date	ces? s ef service)	16. SOC SEC	CIAL CURITY NO. 8-34-201	17. INFORMANT	lie D	peol 11	13 00	menset Il
18.	11019	1		C	AUSE OF DEAT	TH				PPROXIMATE INTERVAL
1		ONDITION DIE	ECTLY		Card	in Non	1 -) . 0	BETY	WEEN ONSET AND DEATH
1This	does not mean	G TO DEATH	dvina e a		(A) IMMEDIATE CA		revor	Taile	ng	
heart	t failure, asthenia y or complication	, elc. If means	the disease	e,	DUE TO, OR AS	A CONSEQUENCE OF:	0 - 0	D. Gas	cts	
1111017	•	DENT CAUSES	ded m.1		We !	gran.	den	7 198	THE THE	
DISE	ASES OR CON			(DUE TO, OR AS	A CONSEQUENCE OF	itee	CUK		
rise	la the above	cause (A)	staling th	9	DOE 10, OK A.	A CONSEQUENCE OF	}			
UND	ERLYING COND	OITION last.		(c)	naver	100			*******
= 10 11	R SIGNIFICANT CO HE DEATH BUT NO ASE OR CONDITION	OT RELATED TO TH	E TEDMINIAL		Page	to Dis	fas	e		
19A.D	DATE OF OPERAT	ION 198 CONI WAS PERF	OITION FOR	WHICH C	PERATION	20A. AUTOPSY? (Y	(es er Ne) 20 IN	B. IF YES, WERE	FINDINGS CO USES OF DEA	NSIDERED TH?
OR C	ACCIDENT WAS ONTRIBUTING H Inotify medical	CAUSE OF -	21 ha	me, ferm,	OF INJURY (e.g., fectory, street, o	in er about 21 C. WHERI ffice bldg., INJURY OC	E DID CUR?	(If In Beltimer	e City, give ex	act lecation)
OF IN	IME (Menth)	(Dey) (Year)	(Heur) 21	E INJURY	OCCURRED	21 F. HOW	DID INJURY	OCCUR?		
IAPPR				hile At	Not Whi	• 🗆				
22. 1	certify that (1)	(this hospital)				3/16/71	10	A- 1	-> lict	7/ 10
	(1) (we) last so				53/15	19 71	and sheet			
1					(did axe).	lew the body ofter		ifiuh) Ames obli	mon geath o	ccurred on the date
23A. 5	IGNATURE			1	(210 1101)	Hew the body offer	aeaiu.		23B, DATE SI	GNED
10	ellac	Q (QA	MIK	eed	D Dha	inding Med.	Staff		3/1	7/</td
23 C. P	HYSICIAN'S				DEGREE	23 D. ADDRESS	er Lai Phys	, —	1 -7.	71 //
	Villan D	Apole	FEZ	0		6615 Rec	ite	Stown	2 M	P
	AL CREMATION, OVAL (Specifyl	24B. DATE	24C. N	IAME el C	DEGREE EMETERY of CR		24D. LOCA	TION (C)	ly, tewn, er ce	(Santal)
KEM	MAL (Specifyl	1/9//2	12	7.1	Polos	4. (Dn.	10.1	Coun		
A. DATI	E REC'D BY HEAL	TH DEPT.	258 NAME	OF REGIST	RAR	250, FUNERAL DI	US U	2 000		med
MAR	92 1071	Poster &	. Value	, AA	-0 0	CO CONERAL DI	INECTOR I	CLY	304h	Onla UG
S 150-PE	V. 1/1/68	-	7	State of the last	1./	XIX III	MA CALL	14.0	///	Col March





5-621 71 27	71 BALTIMORE CITY	HEALTH DEPARTMENT		mul Ownerd
5-530 /1 ~1	CERTIFICA	TE OF DEATH	REG. NO.	/1 27/1
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	/ 6"
(Type or Print) MAJOR SMIT	14	3-10	6-71	11/2 1.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When		titulion: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION CIVE STORET	Md		311
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	ASTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
Lake Drive Nursing Home		Balxinoi	e	YES NO
12+01 Eutaw Place		E. STREET AND NUMBER	0/ 1	. / -
Ballimore, Md. 21217	7	175. Dall	as of B	elximore
5. SEX 6. RACE 7. MARI			9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months! Days Hours! Min.
M / WIDON	= =	11-5-05	65.01	Wolling Doy's Hours Ivilla
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even if relired)		>		USA
Jan for		14. MOTHER'S MAIDEN NAM	AE	
7		The Mother 3 Maidely 14 Ar	VIL	
		5		
1S. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates af serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	. 9/	ADDRESS
	218-03-3159	Robert L. Little	(son) Rall	diment St.
1B. 11 1 1 1 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Dal 50	Topmosto Vale	ô	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CA	MEE (10 months to the		
(This does not moon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heort foilure, osthenio, etc. It meons the disc injury or complication which coused death.)	n 1	Dr WA.		
ANTECEDENT CAUSES	leen	KA COM.		
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	888500405080000000000000000000000000000	
rise to the obove cause (A) stating		2 ASCUD		
UNDERLYING CONDITION last.	(c) 50°			
Z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		4		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION IN WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
<u>U</u>	015 1441144 0 0 0 0 1 1 1 1 1	215 HOW DID MH	Hay occurs	
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While At Not Whi	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Work Not Whi At Work			- 1
22. 1 certify that (1) (this haspital) attend	led the deceased fram	2 24	1911 to 3-	-16 19 1
that (1) (we) last saw the deceased alive	2/12	71		lan death accurred an the d
and have and from the causes stated above				
23A. SIGNATURE	re. (1) (we) (ala) (ala liat)	view the body difer death.		23 B. DATE SIGNED
N.1.	MD AH	ending Med.	Staff	3-16-71
varruum	OEGREE Phy	3 Director	Phys.	3-16-11
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	PATA Stear	Bomes Hd 2001
MANEOLING F. ALBUE	PWE . (h) DEGREE	1935 KIPERS 1	MAN JUN	1301NN 14 4061
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME OF CEMETERY OF CR	EMATORY , 24D. L		y, town, or county) (State
REMOVAL (Specify) Burial 3/20/71	Mr. Column	A	A County	Md
	Mt Calvary	2SC. FUNERAL DIRECTOR		ADDRESS
MAR 22 1971 (A.G. C. C.	Ben De Die		ead 1206 W	orth Ave
Dr. Mall de Land of the		12//		n
/S 150-REV. 1/1/6B				



	4-455	71 27 MEDIC	AL EXAMINER'S			DEATI	H REG NO	71	2772
(Ty	NAME OF DECEASED Pe or Print) Henso	on (HANSON) HOLLMAN	2. DATE OF DEATH	Known 🖄 Estimoted 🗆	Month March	Doy 18, 1	Yeor 1971	Hnur
FU	LL NAME OF		RE PRONOUNCED DEAD R INSTITUTION, GIVE STREET		UNCED DEAD	Month March	18, 1		8:50 A.M
6.	1 SEX 7. RA	916 Mc Cullo	ogh Street MARRIED NEVER MARRIED	A. STATE	Maryland		D. INSIDE	15	403
	Male N		DOWED DIVORCED	il	Baltimore			YES [X]	40 D
	3/29/26	10.AGE (in yeo lost birthdoy) 45		. E. STREET	AND NUMBER 1916 Mc C	Maria I			40 <u> </u>
	Severn	, Md	12. CITIZEN OF U WHAT COUNTRY?		ter "oll	Lman			
don	e during most of working	Itle even ifretired)	KIND OF BUSINESS OR INDUSTI	Juli	a Jacobs			000566	
(Ye	s, no or unknown) (If yes,	R IN U.S. ARMED FOI give wor or dotes of se	rvice) 17. SOCIAL	18. INFORM	's Julia	Hollm	an, S	ame	
	LEADIN	I CONDITION DIRECTLY NG TO DEATH	(A)IMMEDIATE	0:7	ateral pn	eumonit	cis		ROXIMATE INTERVAL EEN ONSET AND DEATI
ERTIFICATION	ANTECEI DISEASES OR CO RISE TO THE ABOV UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BU	II IT CONDITIONS CONTR T NOT RELATED TO THE	(6) Rupt (DUE TO, OF	ure of u	irinary bl	adder			
CERTIF		ATION GIVEN IN PART 1	ION FOR WHICH OPERATION V	VAS PERFORM	NED				'SY? (Yes or No)
MEDICAL	22A. EXTERNAL COUNDERLYING OR UTING CAUSE OF CAU	CONTRIB- F DEATH.	228. PLACE OF INJURY (e.g home, form, foctory, street, oll		2C. WHERE DID NJURY OCCUR?				(es
	OF INJURY (APPROX.)		m. WORK LAT	T WHILE WORK					
		Charles S.		D. ASSI	ond that on the imicide CHIEF MEDICAL ESTANT MEDICAL E	Undetermin XAMINER XAMINER	ed monner		DATE SIGNED
RE	A. BURIAL CREMATION MOVAL (Specify) Burial A. DATE REC'D BY HE MAR 221	N, 248. DATE 3/22/7]	24C, NAME of CEMETERY	car Cer			rille	Md ADDRESS	(Stote)
VS	151-REV. 1/1/68			1 4 /	* +=				

Mt Calvary Cemetry

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/6B

ounty Md

Halstead 1206 W

ADDRESS

orth A

3/22/71

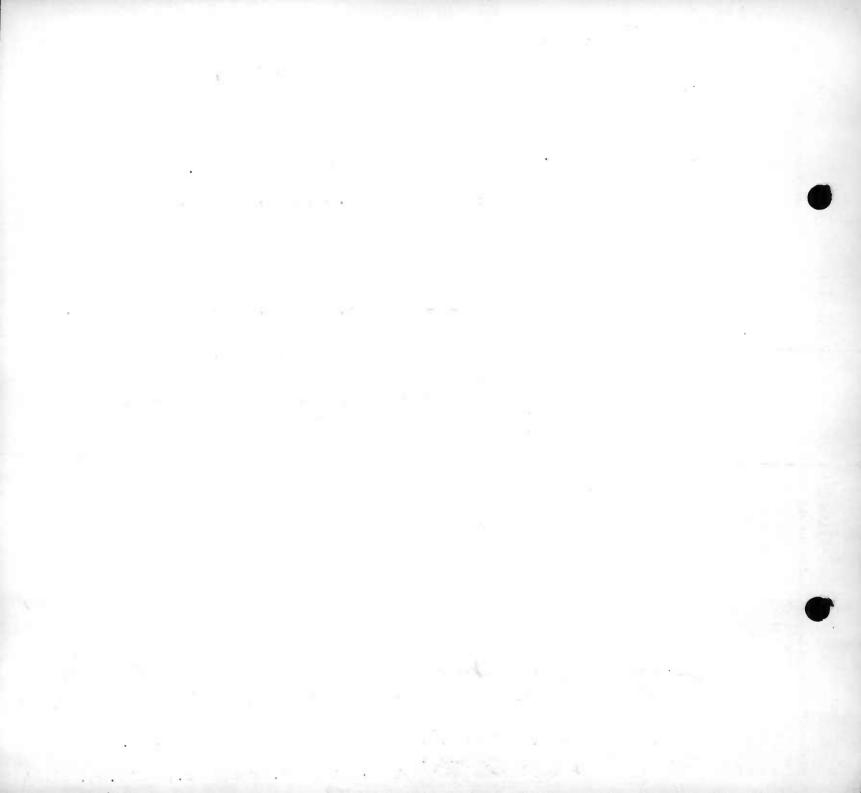
BALTIMORE CITY HE	ALTH DEPARTMENT	
W-320 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	71 2774
]. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) EVELYN WATTS	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 19 5. USUAL RESIDENCE (Where deceased lived. If institution:	1971 4:05 a M.
0 0 1823 Bolton St.	A. STATE Md. B. COUNTY	1401
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
female negro WIDOWED DIVORCED	Balto. YES	s X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
3-13-22 lost birthdoy) Months, Doys, Hours, Min.	1823 Bolton St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Virgini a WHAT COUNTRY?	John K (1) 2+	6
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	Genera dones	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
19. 4/19 CAUSE OF DEA	TH	APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
DISEASE OR COIADINOIA DIRECTEI	ardiovascular disease	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR		
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injuly of complication which coosed death.		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
O II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ō		yes
	in or about 22C. WHERE DID (If in Baltimore City, give exact	
UNDERLYING OR CONTRIB-	ce bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	WORK	
I certify that I hald an Inquiry Inspection Au	topsy 🛭 ond that on this bosis, death in my	opinion
	de Homicide Undetermined manner	7
Testino form total casses a section in a solicit	CHIEF MEDICAL EXAMINER	
ACTUAL A LIPANI	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE M.E		
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	3/19/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or,county) (State)
REMOVAL (Specify) 2-15-71 WAL	D-1111	(0,0,0)
B J-22-1 WIT. Aubu.	th Dalto, Wie	7
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DDRESS
MAR 22 1971 Robert P. Falley M. A.	Pallivantungest-101	1-13N/Arlingt
VS 151-REV. 1/1/6B	2773	~ IN THING

Acha R. Wate AND SALES OF THE PERSON

BIRTH NO. I RAME OF DECEASED (Type or Print) EMMA W. EEWECKE 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD NOSTITAL OR INSTITUTION, GIVE STREET MATYLAND BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD ASTATE E. COUNTY ADDRESS OR LOCATION O 1657 Argonne Drive 5. SEX CRACE Female CRUCASIAN CALCE CALCELETATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY IOA. USUAL OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY III. BIRTHRACE (Side on Industry Calculation of Parking) Baltimore, Md. IVA. OCCUPATION (Give lind of working RIND OF BUSINESS OR INDUSTRY III. BIRTHRACE (Side on Industry Calculation RIND Parking RIND OF WIND RIND RIND RIND RIND RIND RIND RIND R	Index 24 Hrs.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL	Index 24 Hrs.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET Maryland CCITY OR TOWN Baltimore D. INSIDE CITY LIMITS?	2 Index 24 Hrs s Min,
Institution Carry or fown Baltimore Carry or fown Carry or fown Baltimore Carry or fown Carry or f	Indes 24 Hrs.
S. SEX female caucasian Never Married 12/10/86 85 108, birthdoy 8tx 100 1	s Min.
The state of the above cause (A) stating the UNDERLY INFORMANT (B) CAUSE OR CONDITION (G), giving inse to the above cause (A) stating in the UNDERLYING CONDITION (G), giving inse to the above cause (A) stating in the UNDERLYING CONDITION (G), giving in the UNDERLYING (G), giving in the UNDERLYING (G), giving in the UNDERLYING CONDITION (G), giving in the UNDERLYING (G), giving in the UNDERLYIN	s Min.
Baltimore, Md. HOUSEWIFE Jacob Henkel Jac	T COUNTR
Jacob Henkel Jacob Henkel Security No. 215-22-7951A DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, ashenia, olc. if means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (Al staling the UNDERLYING CONDITION last. No 14. MOTHER'S MAIDEN NAME Mary Langhenry 16. SOCIAL SECURITY NO. 215-22-7951A CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). UNDEAD TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
St. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 215-22-7951A Mrs Iva Stein 2800 Summit Ave	
No SECURITY NO. 215-22-7951A Mrs Iva Stein 2800 Summit Ave	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., if means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (AI staling the UN DERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	15 7
21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING CAUSE OF closery, stroet office bldg., INJURY OCCUR? etc.) 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroet office bldg., INJURY OCCUR?	
21D-YFME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not White At Work	
that (1) (we) last sow the deceased olive an 3/14/71 19 ond that in (my) (em) opinion deoth occurred	.19 <u>7/</u> on the date
and hour and from the causes stated abave. (1) (We) (did) (atth-not) view the body ofter death. 23A. SIGNATURE	
Med. Staff 3/19/7/	
PAGE Type Dr. Theodore J. Graziano 23D. ADDRESS 1654 E. Baktimore Belvedere Ave, Balt	,
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	o,Md.
Burial 3/22/71 Loudon Park Baltimore, Maryland SA. DATE OF BRIDE SERVING SECTION ADDRESS Leonard J. Ruck, IncBalto, Md.	o,Md.

- marked to be thought a facilities -Thenesee

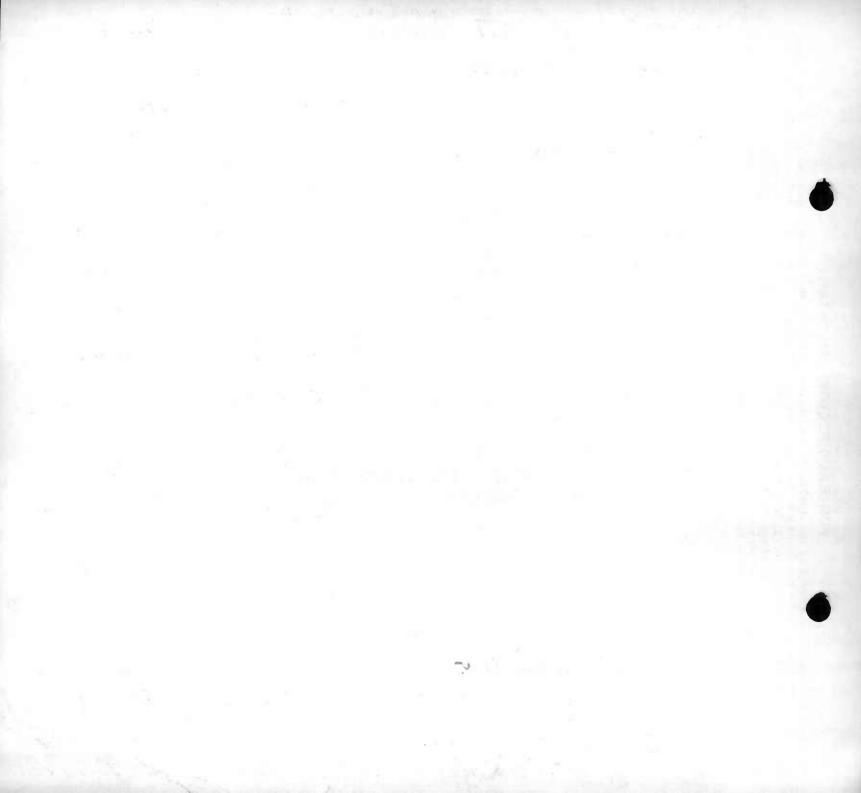
5-2/1		TY HEALTH DEPARTMENT	
BIRTH NO. 71	2776 CERTIFICA	ATE OF DEATH REG. NO	71 2776
1. NAME OF DECEASED (Type or Print) Josephine	Stricker	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAN		March 18, 1971 4. USUAL RESIDENCE (Where deceased lived, If inst	
		A. STATE B. COUNTY	itution: residence betoro odmission
FULL NAME OF (IF NOT IN H ADDRESS OR INSTITUTION	OSPITAL OR INSTITUTION, GIVE STREET LOCATION!	Maryland C.CITY OR TOWN	2702,
		0. 111315	E CITY LIMITS? YES \(\overline{X} \) NO \(\overline{\capacita} \)
3022 Beverly F	d	E. STREET AND NUMBER	LES M NO []
		3022 Beverly Rd.	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
EMale White	WIDOWED DIVORCED	11 Feb. 10, 1895. 76	
sone during most of working life, even if tel	(work 10B, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY
Housewife		Maryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Ridel	Josephi	ne Vanik
5. Was Deceased Ever in U. S. Armo Yes.no or unknown) (If yes, give wor o	d Forces? dotes of service) 16. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS 3
No	212-62-6801	Mr. Robert W. Stricker,23H	lathaway Rd.2109
18.4.10,9	CAUSE OF DEA		APPROXIMATE INTERVAL
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ANTECEDENT CAL		viscles fre Cadi Vacula	D 51
DISEASES OR CONDITIONS,	il any, giving (8)	S-A-CONSEQUENCE OF:	askis 3 g
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11	(C)		
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TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	PART 1 (A).	20.77 - 7700 020 020 020 020 020 020 020 020 02	**********************
19A. DATE OF OPERATION 19B. WAS	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYIN	IGE 218 91 ACE OF INITION/OR		
21A. ACCIDENT WAS UNDERLY!! OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, loctory, street, cetc.)	ffice bidg. INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Y	eor) (Hour) 21 E INJURY OCCURRED	215 110	
21D.TIME (Month) (Doy) (Y OF INJURY (APPROX.)	While At Not Whi	21F. HOW DID INJURY OCCUR?	
	AT WORK		
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· ·	ased alive an 20 februar		in death occurred an the date
and have and from the causes	stated above. (i) (We) (did) (did nat)	view the bady after death.	WWW.
17. 17/	1 Im A Ath		B, DATE SIGNED
23C. PHYSICIARY	DEGREE Phy	s. Director Phys.	3/18/71
NAME (Type)	1+1) / 17	23D. ADDRESS	0 - 11 /-
14A. BURIAL CREMATION, 1248, DATI	DEGREE	mo 7,0,1.c 100	sery, ma
REMOVAL (Specify)		(517)	town, or county) (State)
Burial 3/20			Md.
MAR 92 1071	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
2 150 BEV 10168		Legnand J. Ruck Inc., B.	alto.Md. 21214



IMPORTANT

DIRECTOR:

FUNERAL

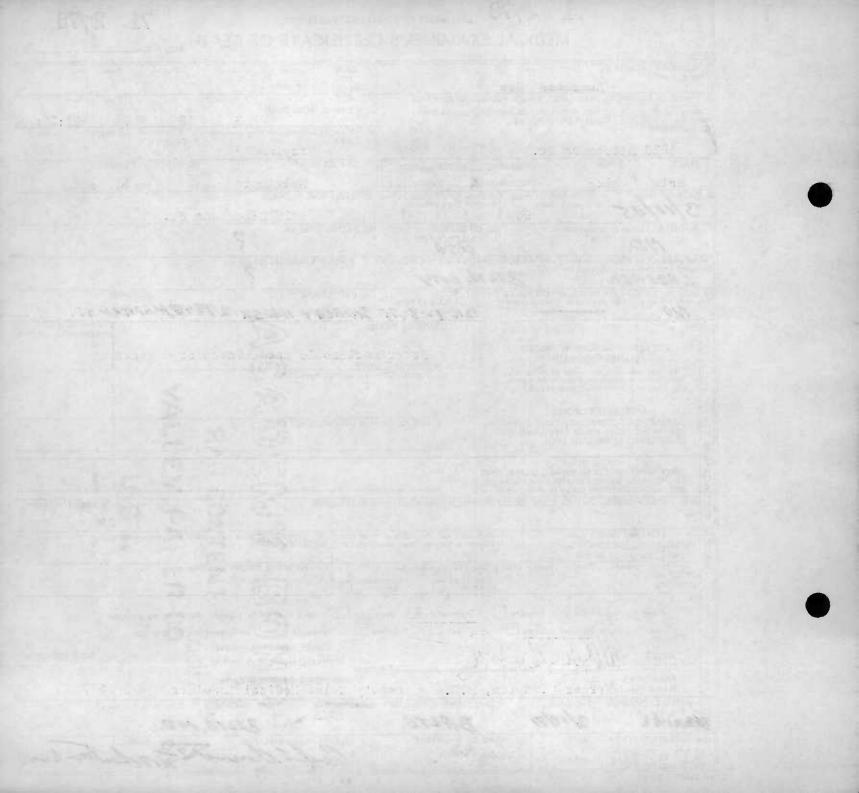


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BERTH NO. LEANAR OF DEFEASED LYNNE OF DEFASED LYNNE	1,	K-420 71 2	BALTIMORE CITY	HEALTH DEPARTMENT		
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15. SOCIAL SCURITY NO. 215-16-5905 2	13.	- Annual Control		14. MOTHER'S MAIDEN NA	ME	
15. SOCIALTY NO. 15. SOCIAL YORK				Laura Bi	inger	
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23C. PHYSICIAN'S NAME (Type) PARD IN DEGREE UNIVERSITY OF MARKY Law Hoff for June 1996 June 199		Koslam Easdin	IIII Dhu	ding Med.	Staff Phys.	
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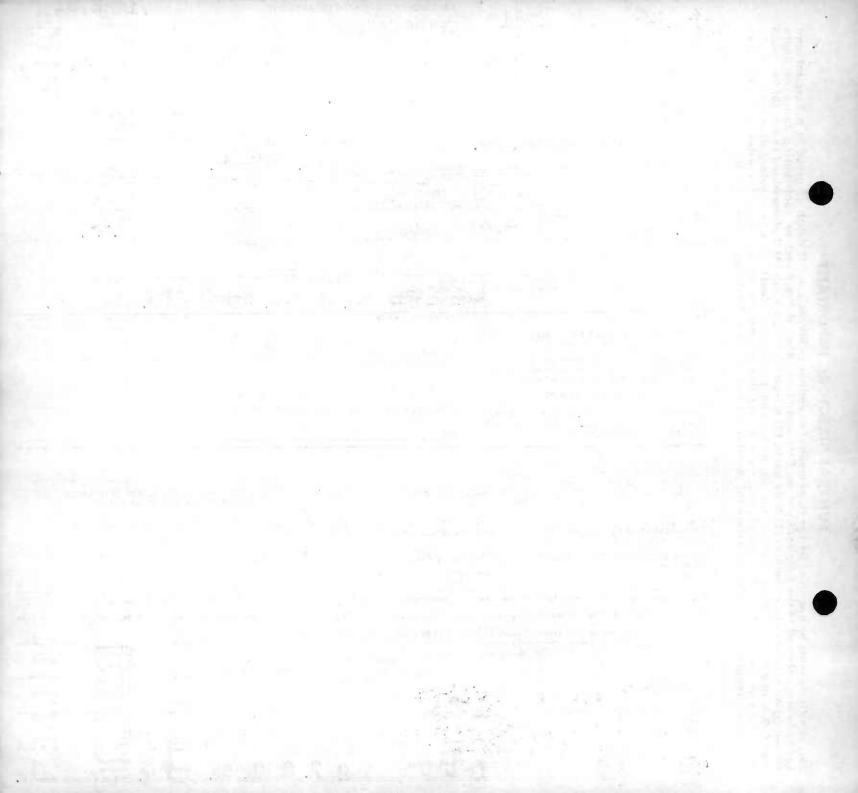
	CERTIFICATE OF DEATH DEG NO	2779
BIRTH NC.	CERTIFICATE OF DEATH REG. NO.	
I. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
(Type or Print)	OF	lear Mour
Lawrence Ora	DEATH Estimoted	м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD	71 11.20-
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If Institution;	71 11:20a м
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male white WIDOWED DIVORCED	Baltimore YES	NO L
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WHAT COUNTRY?	13. FATHER'S INAME	
17D. USA	5	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OF INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even it retired)		
LABOREN BALTO, LITY		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADD	DRESS
	SHIRLEY HAGER 27245,MAD	ISON ST
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₹ 22Å. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact	
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UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT	WHILE C	
m. WORK AT W	VORK L	
23.		
I certify that I held an Inquiry Inspection X Au	tapsy ond that an this basis, deoth in my of	oinlon
resulted from: Natural couses X Accident Suicident		
John Marian Courses ZA Accident Solicio		
ACTUAL IIIL MA I'M	CHIEF MEDICAL EXAMINER	DAYE CIONIES
	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MAD M.D		
	ASSOCIATE MEDICAL EXAMINER L	3/12/71
	uty Chief Medical Examiner	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	OF CREMATORY 24D. LOCATION (City, town, of	or county) (State)
BURIAL 3/19/71 BALTO.	21176 119	
	BALTO, MD.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
MAR a 9 1071 Page E, Jackey Mar.	Cerel & Channel 72	Solun Are.
MITTIN V. CO. SIGNED .	1///	THE WAY
/S 151-REV. 1/1/68	26110	



2,-1			BALTIMORE CITY	HEALTH DEPART	MENT	V	/1	2780
0-650	71	2780	CERTIFICA	TE OF DE	ATH	REG. NO		7,00
IRTH NO.						HOUR OF DEAT	и	
Type or Print) LOL	1011 BA	oun .		2	DATE AND	,	n 2. 1	11550
3. PLACE IN BALTIMOR		ERE PRONOUN	CED DEAD		NCE (Where	deceased lived, If	institution; res	sidence before admission
				A. STATE	B. COUNTY	arford		6200
FULL NAME OF (I HOSPITAL OR A NSTITUTION	F NOT IN HOSPITAL	ION)	ON, ONE STREET	C. CITY OR TOWN	1	D. 11	ISIDE CITY LIA	NITS?
Johns Hopl	Sins Hospi	tal			-11/9 UTA	1	YES	NO
33	11000			Darl:	number ington	, Md.		
· SEX 6. RAC	CE 7	MAPPIED IX	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	II Under	1 Yr. If Under 24 Hr. Doys Hours Min.
Female 1	Toorso	WIDOWED	DIVORCED	5/3/	93 100	t birthdoy)	Months	Doys Hours Min.
OA USUAL OCCUPATIO	M (Give kind of work)		USINESS OR INDUSTRY	11. BIRTHPLACE IS	ide or foreign	country)	12, CITIZ	EN OF WHAT COUNTE
one during most of working	REEPER	SILVE	FAMILY	ALAB	AMA		1 7	1.S.A
3. FATHER'S NAME	/ICEIEN	01-701	Mary	14. MOTHER'S MA				· · / ·
B	EU A	LLEN			0	LEY	UN	K
5. Was Deceased Ever in	U, S. Armed Force	s? [1	6. SOCIAL	17. INFORMANT	CAI	<u>y</u>		ADDRESS
(es, no of unknown) (If yes	s, give war or dates	A CONTRACTOR OF THE PROPERTY O	SECURITY NO. 20-32-3488A	FRANCIS S	5 6,1	VER	DARLI	NOTAL MAR
18. / / / /	14		CAUSE OF DEATH		2, OIL	4616		APPROXIMATE INTERVAL
Lofe 1	CONDITION DIRE	CTLY	C ~ 2		1 200	100	+ 10	ETWEEN ONSET AND DEAT
LEAD	ING TO DEATH		(A) IMMEDIATE CAU	o respir	aroky	HRRE	51	
(This does not me heart failure, asther			DUE TO, OR AS	CONSEQUENCE O)F:			
Injury or complication			.,	1				
ANTEC	EDENT CAUSES		MAY DE	TENSIO	on		1	
DISEASES OR CO			DUE TO, OR AS	A CONSEQUENCE	OF:	*****************	-	
underlying Con		stating the	IN ASC	VD				
	***		(C)					
OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING						
TO THE DEATH BUT	NOT RELATED TO THE	TERMINAL						
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 19A-DATE OF OPER	ATION 198 COND	TION FOR WI	IICH OPERATION	20A AUTOPSYS Yes	(Yes at No)	OR IF YES WER	E FINDINGS	CONSIDERED CANTAGE
2								
OR CONTRIBUTION	CAUSE OF	home,	LACE OF INJURY (e.g., in factory, street, of	ice bldg., INJURY C	DCCUR?	(If in Baltin	nore City, give	exact location)
DEATH Inotify medic	ol examined	etc.)						
DEATH Inotify medic	th) (Doy) (Yeot)		NJURY OCCURRED		W DID INJUR	Y OCCUR?		
(APPROX)		Work	At Work				/	
22. I certify that	() (this hospital)	attended the	deceased from	3-14	19	7/10	3-1	6 197/
that (W (we) lost			3-16	19 7	and that	In (my) (our) o	pinion deat	h occurred on the do
			(We) (did)/d/d/763/ x	, ,	,	. 777		
23A. SIGNATURE		1					23 B. DATE	SIGNED
1	Tarva &	and le	Dh.	nding Med	Shector Ph		3-	-16-7)
23C.PHYSICIAN'S NAME (Type)		1	DEGREE	3D. ADDRESS		,	11	1
NAME (Type)	P1/8/1-1	c n	1.0	Tohn	10 A	out inc	140	50.
24A. BURIAL CREMATIC	IN, 1248, DATE	24C. NAA	AE of CEMETERY OF CRE	MATORY	24D. LOC	ATION	(City, town, or	county) (State)
REMOVAL (Specify)	Mania	71 1	LINET (- 4	APERON III
SOUP/AL	MARIN DEPT	LAN WANTE OF	LING ION	EM.		ARLINGI	DN, III	ARFORD, MIL
MAR 9 9 1971	QR. 88	Ja. Ben A	20	17 m	WILLIAM !	Wit-	Hum	EDE CTONIA
BHEH! CON BUT	V	and the same of		1-1-119	000000 1	menel,	MARIE	-UL YATA CL
S 150-PEV 1/1/48								

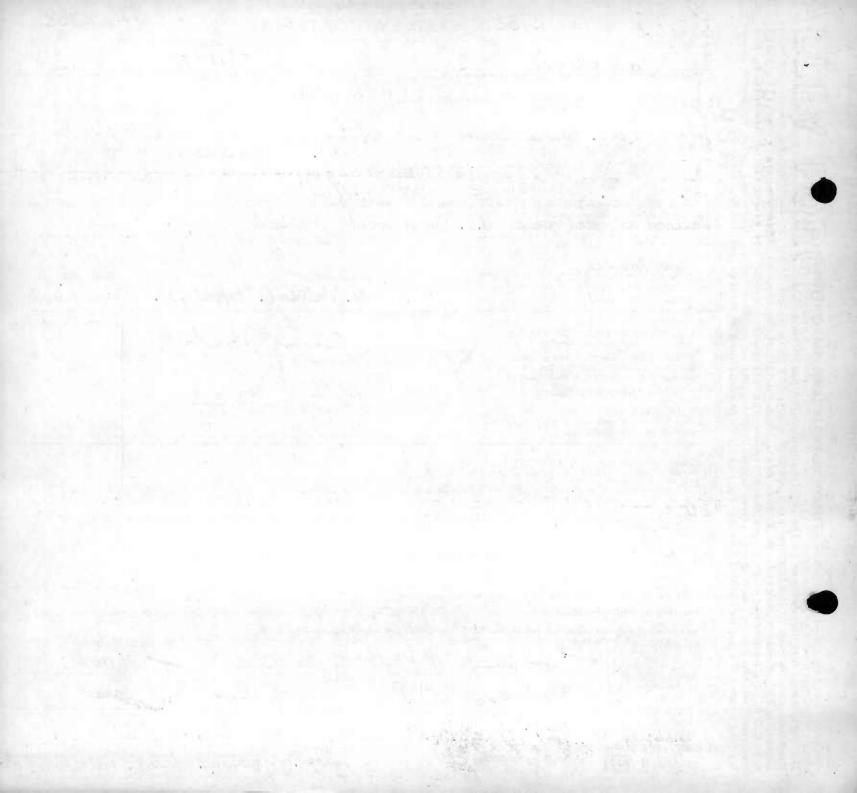
· Milacolas Asol a semist -Yes ON

	/ -ac/ BALTIMORE	E CITY HEALTH DEPARTMENT 71 2781
1/2	-534 71 2781 CERTIF	ICATE OF DEATH REG. NO.
BIR	in No.	
	AME OF DECEASED	2. DATE AND HOUR OF DEATH
Ľ	John J. Heindl	3/18/71 1 12.50
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admirately
		A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 601
IN	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
•	0 14	Balto. YES NO
	Mercy Hospital, Inc.	E. STREET AND NUMBER
`	mercy hospital, inc.	
		13 N. Curley St.
5. 5	6. RACE 7. MARRIED X NEVER MARRIE	D 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	M WIDOWED DIVORCE	
IOA	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	12. CHIZEN OF WHA! COUNTRY
	Reto guard Maryland Drydoc	ck Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	T 1. II 1 22	
	John Heindl	Mary Raue
15.	Vas Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	At a second of the second of t	4 4 . 6
	No 216-09-169	93 Mrs. Marie E. Heindl 134 N. Curley St.
	18. 2.4 CAUSE OF	DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
-	I SADING TO DEATH	TECAUSE ASCVD IX D
	(A) IMMEDIA	
	heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:
	injury or camplication which caused death.)	0 0 - 0 - 1
	ANTECEDENT CAUSES Ken	al Juline (chrome.
	DISCASES OR COMPUTIONS IS	
	DISEASES OR CONDITIONS, if any, giving DUE 10, or rise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
	(0)	
z		
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
문	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	
E	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID (If In Soltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, stre	eet, office bldg., INJURY OCCUR?
U	DEATH (notify medical examiner) etc.)	
5	21D. TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
¥	OF INJURY (APPROXI	t While
	(APPROXI	Work L
	22. I certify that (I) (this hospital) ottended the deceased from	3 6 1971 10 3 18/ 1971
	that (1) (we) last sow the deceased alive an	19 7 and that In(my) (aur) opinian death occurred on the date
	and have ond from the couses stated above. (1) (We) (did) (did r	not) view the bady ofter death.
	23A. SIGNATURE	23 B, DATE SIGNED
	1/1	
	DEGREE	06 " Pt N " 4el / / /
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type)	De Maran Haradal
	K) K AUT	recy to spilal
24A	BURIAL CREMATION, 248. DATE 24C, NAME OF CEMETERY (or CREMATORY 240. LOCATION (City, town, or county) 15tote)
		C , 0 11. M
	Burial 3/22/71 Holy Redgemen	er (emetery Baltimore, Maryland
25A	DATE REC'D BY HEALTH DEPS 25 NAME OF LECISTAR	25C. FUNERAL DIRECTOR ADDRESS
	MAK 2 Z BY LOGGE & TOTAL TO A	1) O John A. Donan Inc. 3000 & Baltiman St
145	150-REV. 1/1/68	1) John A. Monan, Inc. 3000 & Baltimone St



FUNERAL DIRECTOR: IMPORTANT

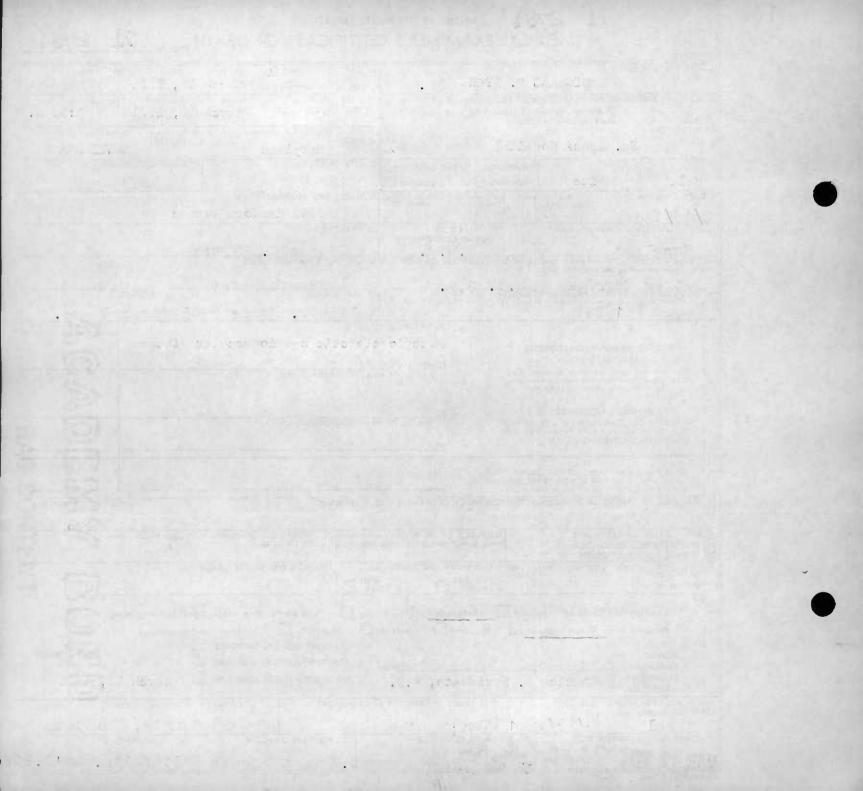
1)				BALTIMORE CIT	Y HEALTH DEPARTMENT		17-1	000
4	-143	71	278	32	CERTIFICA	TE OF DEATH	REG. NO.	11	2782
. NA	AME OF DECE	ASED				2. DATE A	ND HOUR OF DEA	ТН	7
Туре	e or Print)	inles Ro	/+			OTTO THE REAL PROPERTY.	3/18/71	1	1405
3. PL		MORE MARYLA		PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived.	If institution; resid	lence before admission
FULI	L NAME OF	(IF NOT IN I	HOSPITAL OF	R INSTITUTI	ON, GIVE STREET	Maryland B. COU	NIT.	2	610
NST	SPITAL OR TITUTION					Baltimore	D. I	NSIDE CITY LIMI	no 🗆
0	0	30 S. B.	ouldin	Stree	et e	E. STREET AND NUMBER 130 S. Bould	in Street		
. SE	X 6	S. RACE	7. M	ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , If Under 24 H
	M.	W.	WIE	DOWED 🔀	DIVORCED [12/12/195	75	Months Do	
one	during most of we	orking life aven if	(basile			11. BIRTHPLACE (State or for	eign country)		OF WHAT COUNT
Re	etired s	shipyand	worke	r U.	S. Coast Gu	and Maryland		u	SA
3. F.	ATHER'S NAM	E				14. MOTHER'S MAIDEN NA	AME		
	96.0	11							
5 14	John Ro	ppelt Ever in U. S. Am	and Farrage	19	4 social	17. INFORMANT			DDBESS) 1
Yes,	no of unknown)	If yes, give wor	or dates of s	service)	6. SOCIAL SECURITY NO.		0 1,	C. 276	DDRES Rd.
	yes	4407				Mr. Melvin (.	Roppelt,	sh. 21011	eadowvale
1	18. 4/	41			CAUSE OF DEAT	гн			APPROXIMATE INTERVA
	DISEASE	OR CONDITIO	ON DIRECTL	LY			7/1	851	WEEN UNSET AND DE
	L	EADING TO D				- Cm	Andra		
	IThis door so				/ANIMMEDIATE CA	1156			
		I meon the mo			(A) IMMEDIATE CA	A CONSEQUENCE OF:		***************************************	
	heort foilure, a	I meon the mo sthenio, etc. It licotion which o	means the	diseose,				***************************************	
	heart failure, a injury or comp	sthenio, etc. It licotion which o	means the d	diseose,					
	heart failure, a injury or comp	sthenio, etc. It licotion which o NTECEDENT CA	means the d coused deoth	diseose, h.)	DUE TO, OR AS	Sel C-V, d	.		
	heort foilure, a injury or comp Al DISEASES OR	sthenio, etc. It licotion which o	means the decommended the decommendation the decommendation that the decomme	diseose, h.) giving	DUE TO, OR AS		٠		
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NOIL	heort foilure, a injury or comp AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	sthenio, etc. II licotion which of NTECEDENT CA R CONDITIONS obove couse CONDITION to	means the decoused deoth AUSES 5. if ony, (A) stotic ost.	giving ng the	(B) Art	Sel C-V, d			
ATION	heort foilure, a injury or comp AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sibenio, etc. II licolion which of NTECEDENT C. CONDITIONS obove couse CONDITION IC LI CANT CONDITION BUT NOT RELATE NODITION GIVEN OPERATION [19]	means the decoused death AUSES 5, if any, (A) statistics. PS CONTRIB DE TO THE TER IN PART 1 (A)	giving ng the BUTING RMINAL N).	(B) Art	Sel C-V, d		RE FINDINGS CC	DNSIDERED ATH?
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L CERTIFICATION	heort foilure, a injury or comp AI DISEASES OR rise Io The UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CO 21 A. A CCIDENT OR CONTRIBUT	sibenio, etc. II licolion which of NTECEDENT C. CONDITIONS obove couse CONDITION IC LI CANT CONDITION BUT NOT RELATE NODITION GIVEN OPERATION [19]	means the decoused death AUSES 5, if ony, (A) slotin sst. NS CONTRIB D TO THE TER IN PART 1 (A B. CONDITION AS PERFORMAN YING	giving ng the SUTING RMINAL N. FOR WHED	(B) Art (B) DUE TO, OR AS (C) COMMITTEE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	A CONSEQUENCE OF: S A CONSEQUENCE OF:	IN CERTIFYING	RE FINDINGS CC CAUSES OF DE, more City, give e	ATH?
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24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) REMOVAL (Specify) TJURINE L **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR CLERICH FURERA HE VS 151-REV. 1/1/6B

15 10 months

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060	O MEI	DICAL EXA	AMINER'S	CERTIFI	CATE OF	DEAT	H PEG NO	71	2784
BIRTH NO.							KEG. NO.		
I. NAME OF DE		EL D. BYRN	IF Cas	2. DATE OF	Known 🔀	Month	Doy	Yeor	Hour
A DIACE IN DA			~	DEATH	Estimoted		18, 19		М.
FULL NAME OF	ALTIMORE, MARYLAND,			3. DATE	UNCED DEAD	Month	Doy 10	Yeor	Hour
HOSPITAL	ADDRESS OR LOC	IAL OR INSTITUTION ATION)	I, GIVE STREET				18, 19		2:35 A.
OR INSTITUTION					ESIDENCE (Where			n: residence	before admission)
THE STATE	St. Agnes Ho	ospital	(DOA)	A. STATE	Maryland		B. COUNTY	BAL!	TIMORE
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
Male	White	WIDOWED	DIVORCED [nsville		Y	ES 🗌	NO X 5 3
9. DATE OF BIR			r I Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER				
2/13/19	lost birthd	9''	1		5945 Harf	ord Av	enue		
11. BIRTHPLACE	(State or loreign country)		ZEN OF	13. FATHER	'S NAME				
Marv]	lond		AT COUNTRY?	mla	amaa T	D			
14A.USUAL OCC	UPATION (Give kind of work	148. KIND OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	2		
done during most of	working life, even if retired)								
Letter	SED EVER IN U.S. ARME	D FORCES IN	SOCIAL	18. INFOR	Zaheth N	Vates			
(Yes, na or unknow	n) (It yes, give wor or dotes	ol service)	SECURITY NO.					DDRESS	
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(This does	not meon the mode of d re, osthenio, etc. It meons th amplication which coused de	ying, e.g.,		AS A CONSEC	UENCE OF:				
injury or co	emplication which coused de	oth.)							
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RISE TO TH	OR CONDITIONS, IF AN	TING THE	DOL 10, OK	AS A CONSE	QUENCE OF:				
Z UNDERLY	ING CONDITION LAST.		(c)	******					
OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING							
DISEASE O	R CONDITION GIVEN IN F	ART I (A).	***************************************						~~~~~~
OTHER SIGNATION OF THE DESCRIPTION OF THE DESCRIPTI	OF OPERATION 208. CO	NDITION FOR WE	IICH OPERATION W	AS PERFORA	NED			21. AUTO	PSY? (Yes or No)
00									
ZZA. EXTE	RNAL CAUSE WAS	228. PLA	CE OF INJURY(e.g.,	in or obout	2C. WHERE DID	lif in Boltimore	City, nive ex	oct location)	No
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(APPROX.)		m. WOR		VORK					
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ACTUAL	4/1/4/3	SJ. Oh	sugal lur	ASSI	STANT MEDICAL E	XAMINER	\overline{X}		DATE SIGNED
SIGNAT			- Ville	•			-7	-1. 10	1071
NAME	OHALLE	s S. Sprin	gate, M.D.	ASSC	CIATE MEDICAL E	AAMINEK	→ Mar	ch 18;	, 19/1
24A. BURIAL CRE		24C. N	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	, or county) (Stote)
Burial	3/22/	1971 07	est Lawn		He	ward	County	v Mo	hac Ive
	D BY HEALTH DEPT,	LIST NAME OF		250	FUNERAL DIRECTO			DDRESS	ryland
		99 / 84	D. STRAK	230.	OWERAL DIRECTO	JK .	A	DDKE22	
MOR 92	HT Pallate E	- Same		G. T	ruman Sc	chwab	5151	Balto	.Nat'l.P
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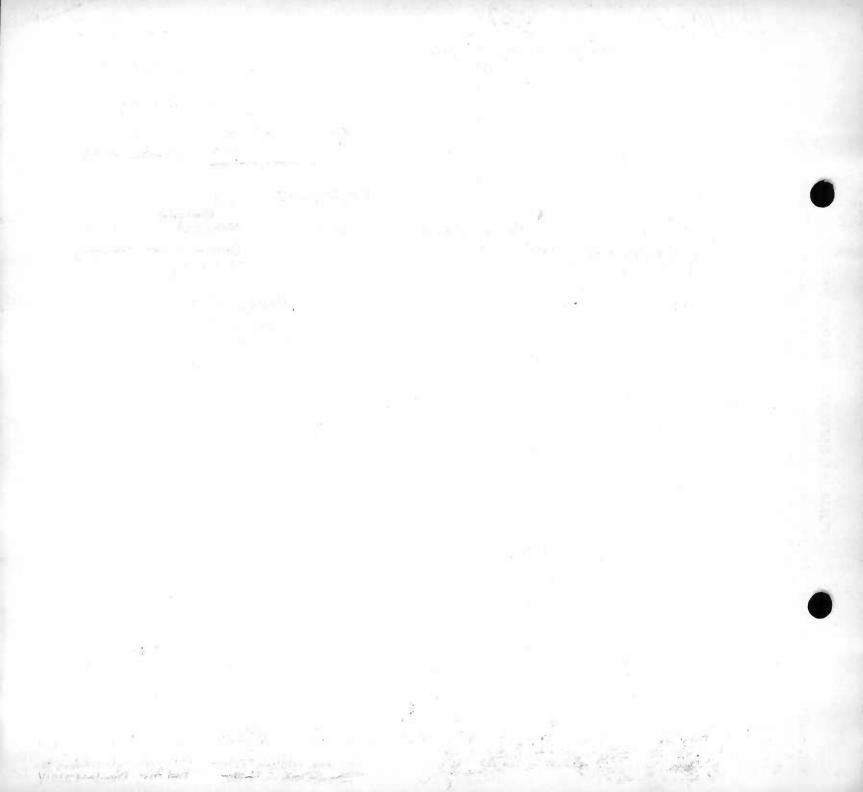


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				ONOUNCED DEAD	DEATH 3. DATE	Estimolec	Mor	nth	Doy	Yeor	Hour	N
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT I		LORINST	TITUTION, GIVE STREET	PRONOU	NCED DEA	Ma	rch :	17, 1	971	2:50	A
	5810 Re	isters	stown	Road	5. USUAL RES	Maryla			institutio OUNTY	n: residenc	8 3	sion)
6. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OR T			D. 1	NSIDE C	ITY LIMITS	?	
Remale	Whit	e	WIDOW	74	- 1	Baltim			Y	ES X	NO 🗌	
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	OR CONDITI	_	TLY				0 702					
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(This does not heart failure, injury or com DISEASES OR RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR TO THE UNDERLYIN TO THE DEAD DISEASE OR TO THE DISEASE OR TO	EADING TO D If meon the me osthenlo, etc. It plicotion which of ITECEDENT CA IR CONDITION ABOVE CAUSE G CONDITION THE BUT NOT RE CONDITION FOR CONTRI JOSE OF DEATH Wonth) (Doy 11 That I held and from: Not IRE	EATH ode of dyin meons the c coused deot USES US, IF ANY, E (A) STATI N LAST. ITIONS CO LATED TO T VEN IN PAR 20B. CONI AS IB) (Yeor) d on Inc	ontributing the terminal of th	(B) DUE TO, O (C)	VAS PERFORME J. In or obout 22: I WHILE WORK TO ASSIST ASSOCI	C. WHERE JURY OCC	DID (IF IN BEUR? 5810) ID INJURY rendose on this be Under CAL EXAMINATION	oltimore City) Reis OCCUR? e of asis, deat termined in NER NER	terst Placi h in my nonner[y y open location own dyl	DATE SIG	-3 ₁
CONTROL OF INJURY (APPROX.) 22A. EXTERN UNDERLYING UNDERLYING 22A. EXTERN UNDERLYING UTING CAL 22D. TIME (I) OF INJURY (APPROX.) 23. certi resulte ACTUAL SIGNATU EXAMINE NAME (T)	EADING TO D If meon the meosthenio, etc. It plicotion which of ITECEDENT CA IR CONDITION ABOVE CAUSE G CONDITION ITECEDENT CA ITECEDENT	LAST. AUSES AU	GIVING GIVING THE TERMINET 1 (A). OHOUTH STANDARD CONTRIBUTION I	(8) DUE TO, O (C) ING NAL FOR WHICH OPERATION V 228. PLACE OF INJURY (e. home, form, foctory, street, of Hotel) 22E.INJURY OCCURRED WHILE AT Inspection A Accident Suic	VAS PERFORME ASSIST ASSOC VOR CREMATOR	C. WHERE JURY OCC	DID (IF In Builder) 5810 ID INJURY PERSON On this be Under CAL EXAMI CAL EXAMI	oltimore City) Reis OCCUR? e of asis, deat termined in NER NER	terst Placi h in my nonner Mar	yyoct location cown dyl opinion	DATE SIG	-3

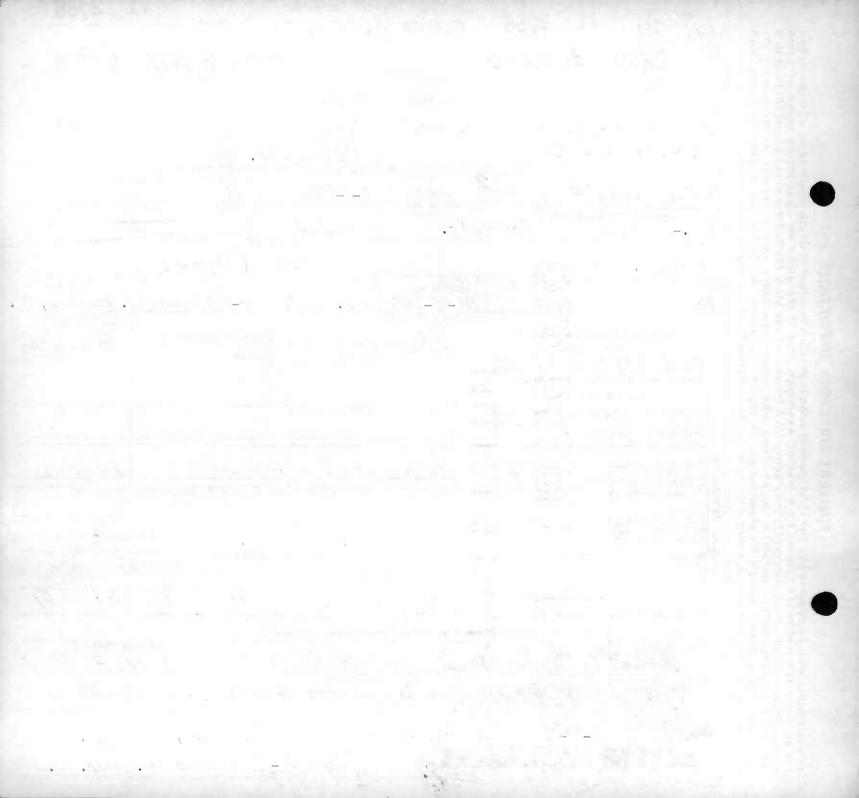
Letter from M.E.'s office 3-30-71 M.H.

1	1-0	2883	2787	BALTIMORE CITY	HEALTH DEPARTMENT	V man			
	TH NO.400	0	3	CERTIFICA	TE OF DEATH	REG. NO. 71	2787		
1. P	ne or Print)	LILLE A	Futt	MALAM	2. DATE AN	D HOUR OF DEATH	f 2		
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Wile	re deceased lived. Il institu	ntion: residence before odmission		
FU	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Church Home & Hospital				MATSIAND C. CITY OR TOWN, FAILS	ton D. INSIDE	city 6200		
10	CH +4	ospitel			E. STREET AND NUMBER	1800 Auglesia	de Road		
	F	6. RACE	WIDOWEL		3. DATE OF BIRTH	9. AGE (In years If last birthday)	Under 1 Yr. II Under 24 Hrs. anths Days Haurs Min.		
don	LUSUAL OCCUP to during most of w 1. fous &			EMAKET	11. BIRTHPLACE (Stote or fare	on country (Bathesia) 13	2. CITIZEN OF WHAT COUNTRY		
13.	TULIAN HITE MILLER				14. MOTHER'S MAIDEN NAM	OFFUTT	5 Offutt)		
15. (Ye	Was Deceased s,na or unknown)	iver in U. S. Armed Far ilf yes, give war or date	ces? s of service!	16. SOCIAL SECURITY NO. 214 46 9539	17. INFORMANT HAS HAR	RU O'NEILL	ADDRESS FALL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CAUSE OF DEATH Dyrughtin BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE								
	heard failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:								
DICAL CERTIF					A CONSEQUENCE OF:				
	TO THE DEATH	CANT CONDITIONS COL BUT NOT RELATED TO THE	IE TERMINAL	404044000000000000000000000000000000000					
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED				20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OK CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF nedical examiner)	21 hai eta	me, form, factory, street, of	or obout 21C. WHERE DID	(If In Baltimore Cit	ty, give exact locotion)		
	21D. TIME OF INJURY (APPROX.)	Manth) (Doy) (Year)	w	E INJURY OCCURRED hile AI Not While ork At Work	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (1) (this hospital) attended the deceased from 3/14/1/ 19 ta 3/17/1/ 19 thot (1) (we) lost sow the deceased oilve an 3/17 19.7/ and that in (my) (aur) opinion death occurred an the date								
	and haur and from the couses stated above. (1) (We) (did) (did nat) view the bady after death.								
	23A. SIGNATUR					Shoff Phys. 238	3/17/7/		
	23C. PHYSICIAN NAME (Typ	FIRO	241	DEGREE	CHURCH	Homes Ho	SPIAL		
	REMOVAL (Sp			John's Cath Ch.	MATORY 24D. LC	(Impo Cheek)	own, or county) (State)		
_	MAK S	HEATTH DEED OF 10		OF REGISTRAR	25C. FUNERAL DIRECTOR	Foster WiBTOR	HOTE CO. MATJANG Adway & Williams St.		
VS	150-PEV. 1/1/65		. 7		may to to the said	the DEITH	ir, Manyland 21014		

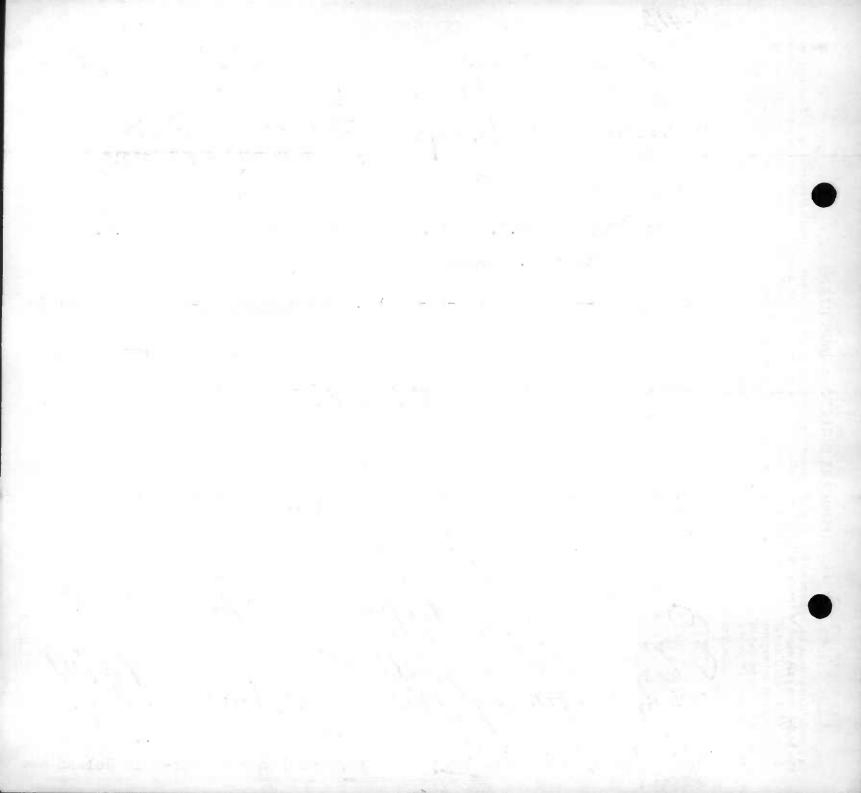


V\$ 150-REV. 1/1/68

	CITY HEALTH DEPARTMENT 71	2788					
BIRTH NO. 000 71 2788 CERTIFIC	CATE OF DEATH X REG. NO.	~/50					
1. NAME OF DECEASED Type or Pant CALVINB. MAYO	MARCH 18 1991	750 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institutions re	sidence before admission)					
FULL NAME OF HOSMIAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 52	00					
NOTITITON	C. CITY OR TOWN D. INSIDE CITY LI						
SOUTH BALTO GENERAL HOSP	Rivera Beach YES	NO A					
313 A2TO 2123 O	132 Meadow Rd.						
S. SEX 6. RACE 7. MARRIED NEVER MARRIED MACHINE MIDOWED DIVORCED	plast birindoy) wienins	1 Yr. If Under 24 Hrs. Doys Hours Min.					
IOA. USUAL OCCUPATION (Give bind of work IOB, KIND OF BUSINESS OR INDU	-2-1710	EN OF WHAT COUNTRY?					
Ret, Macrinist Koppers (0.	Maryland US	4					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
George B. Mayo	Minnie (Stevens)						
S. Wes Decessed Ever in U. S. Anned Forces? 16 SOCIAL	17. INFORMANT	ADDRESS 21122					
No. 216-05-240	05 Mrs. Amelia Mayo-132 Meadow Rd.	Paradona Md					
IB. / CAUSE OF D	EATH	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY DO	NCHOGENIC CARCINOMA	SETWEEN ONSET AND DEATH					
CALIMMEDIATE	CAUSE	BMONTHS					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:						
injury or complication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, If any, giving DUE TO, O	R AS A CONSEQUENCE OF:						
UNDERLYING CONDITION lost (C)							
	7/10-1-10-1						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	TONATY Emphysema	10 years					
ODISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS	CONSIDERED					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF E	EATH?					
	e.g., in or about 21 C. WHERE DID (If In Baltimore City, give	exact location)					
OR CONTRIBUTING CAUSE OF home, farm, foctory, street DEATH Inntify medical examined	of office bidg, INJURY OCCUR?						
21D. TIME IMonth) (Doy) (Year) 1Hour) 21E INJURY OCCURRED While At The Not	21F. HOW DID INJURY OCCUR?						
	While Work	(4)					
22. I certify that (I) (this heapted) attended the deceased from	19 6/ 10 12/	8/ 19.71					
and hour and from the causes stated above. (1) (4th) (did) (did not) view the body ofter death. 23B, DATE SIGNED /							
Kolest Ve Karley In D	Attending D Med. Stoff D 3/	18/1971					
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	10-1					
KABERT T. VARKER MIS	SOUTH BALTO GEN. H.	05 PITAZ					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 240. LOCATION (City, town, o	t county) (State)					
Burial 3-22-71 Glen Haven (en		Md.					
25A. PANE CONTROL HE PRINT PER HAMPOF RESENTAR	25C. FUNERAL DIRECTOR	ADDRESS					
want to the habita is enterly in the	Mc (ully-237 Patapsco Ave.	Balto. Md. 2122					



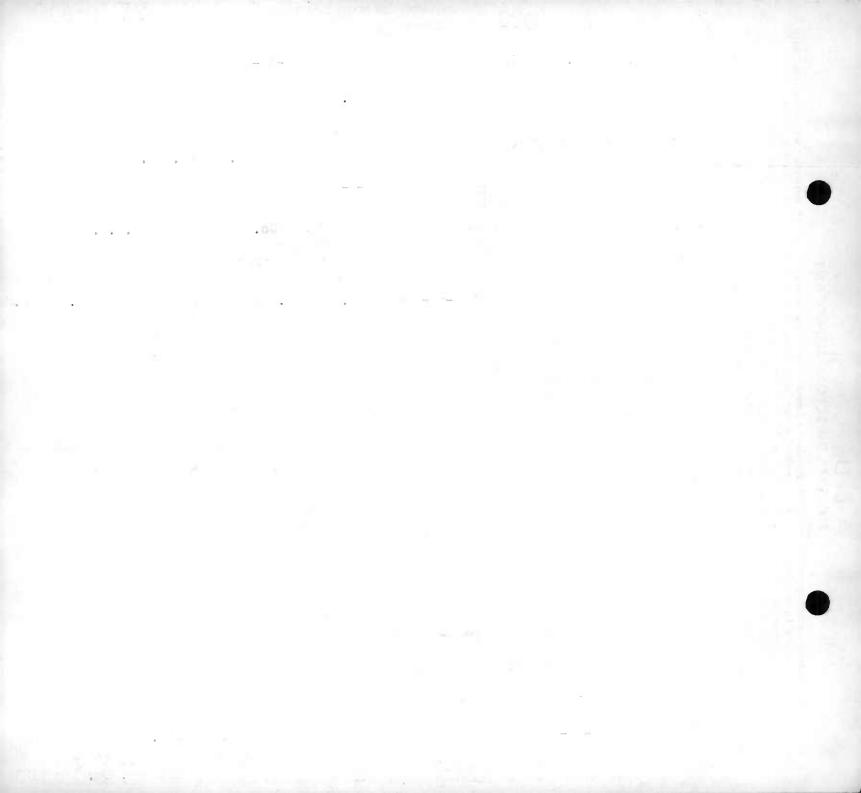
112 11	n -11	/ >	BALTIMORE CIT	Y HEALTH DEPARTMENT		Print to			
BIRTH NO.		2789	CERTIFICA	ATE OF DEATH	REG. NO	./1 2789			
(Type or Print)		11).	16-	2. DATE A	ND HOUR OF DEATH	1,20 -			
	LTIMORE MARYLAND,	WHERE PRONO!	UNCED DEAD	4. USUAL RESIDENCE IWH	ere deceosed lived. II i	nstitution: residence before admission			
FULL NAME OF	/			A. STATE B. COU	NTY	O A A A			
HOSPITAL OR	ADDRESS OR LO	CATION)	UTION, GIVE STREET	C-CITY OR TOWN	D INS	IDE CITY LIMITS?			
110000	Man	1	2/000	Baltimor	1	YES NO T			
1111		ona (40-43.	E. STREET AND NUMBER					
77					vehurst Ed	21212			
Female		WIDOWED		2-10-09	9. AGE (in years last birthdoy)	Il Under 1 %. Il Under 24 Hrs Months Doys Hours Min.			
10A, USUAL OCC	UPATION (Give kind of wo working life, even if retired	ork 10B, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State of for	oign country)	12. CITIZEN OF WHAT COUNTR			
	al Clerk		Gov't.	MARYIANO	1.	U.S.A			
13. FATHER'S NA			k	14. MOTHER'S MAIDEN NA	ME	7 7 7 7 7 7			
	Howard	d E. St	realter	Gill					
15. Was Deceased	Ever in U. S. Armed Fo	Orces?	16. SOCIAL	17. INFORMANT		ADDRESS			
No			218-46-2070	Mr. George W	olfgeng-60	28 Pinehurst Rd			
18.	2000		CAUSE OF DEAT	H GOOLEGE WE	711 Earig - OU	APPROXIMATE INTERVAL			
DISEA	SE OR CONDITION D	IRECTLY				BETWEEN ONSET AND DEAT			
	LEADING TO DEATH	1	(A)IMMEDIATE CA	USE Candia	- 0	Sa ca			
heart failure.	Unis does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:								
injury or con	nplicalian which cause	d death.)	4/ 4						
	ANTECEDENT CAUSE	S	101 HA	3CVD		Gears			
DISEASES	OR CONDITIONS, IF	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYIN	e above cause (A) G CONDITION last	slaling the	(c)			1			
	- 11		(0)						
OTHER SIGNIE TO THE DEAT	ICANT CONDITIONS CO	ONTRIBUTING			_				
	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT 1 (A).	***************************************	***************************************		***************************************			
19A-DATE OF	OPERATION 1198. CO	NDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
U 21A ACCIDE	NT WAS UNDERLYING	1010	NACE OF INVEST	1-0					
OR CONTRIBU	JTING CAUSE OF	home etc.)	rLACE OF INJURY (e.g., i , form, foctory, street, o	in or about 21 C. WHERE DID	(If in Boltimor	e City, give exect location)			
Q 21 D. TIME									
F OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?				
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		e At Not Whil	-	URY OCCUR?				
(APPROX.)	(Month) (Doy) (Year) that (i) (this hospital	Whil	e At Not While	• 🗆 🔻	URY OCCUR?	- 3/16/2/o			
22. I certify	that (i) (this hospita	Whill Work	e At Not While		195 <u>2</u> to	3/16/2/19			
22. I certify	tha (i) this hospital	Whill Work I) attended the	e At Not While At Work	/ //_19ond th	1952 to ot ly(my) (our) api	3//6/19			
22. I certify	tha (1) (this hospitaliost saw the deceased from the causes sta	Whill Work I) attended the	e At Not While At Work		1952 to ot ly(my) (our) api				
22. I certify that (i) (we) and hour and	tha (1) (this hospitaliost saw the deceased from the causes sta	Whill Work I) attended the	e At Not While At Work e deceased from	19 ond the riew the body ofter death.	19572 to	nion death occurred on the date			
22. I certify that (1) (we) and hour and 22A. SIGNATU	that (1) (this hospital lost saw the deceased from the couses state the course state the co	Whill Work I) attended the	We) (did) (did got) when the control of the control	7/19ond the local of the death. Inding Med	1952 to ot ly(my) (our) api				
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22. I certify that (i) (we) and hour one 23C. Physicia NAME (I) 24A. BURIAL CRE REMOVAL (C.	that (1) (this hospital lost saw the deceased from the couses stated with the couse state	Whill work work and office on and above (I)	We) (did) (did got) while deceased from	7/19 ond the riew the body ofter degth. Indian Director	Shoff Development of the control of	y, town, or county (State)			
22. I certify that (i) (we) and hour one 23A. SIGNATU 23C. PHYSICIA NAME (I) A CONTROL 24A. BURIAL CRE REMOVAL (S) BURIAL CRE	tha (ii) (this hospital lost saw the decease of from the couses state of the lost of the l	Whill work work work work work work work work	We) (did) (did vot) vote of CEMETERY of CRIE	27/19 ond the riew the body ofter death. Med. Director D	Shoff Decation (Ci	23R. DATE SIGNED 7 PLO 9 19, town, or county (Stole) Co., Maryland			
22. I certify that (i) (we) and hour one 23C. Physicia NAME (I) 24A. BURIAL CRE REMOVAL (C.	tha (ii) (this hospital lost saw the decease of from the couses state of the lost of the l	Whill work work work work work work work work	We) (did) (did got) while deceased from	230. ADDRESS EMATORY 25C. FUNERAL DIRECTOR	Shoff Derivation (Cinal timore (23B. DATE SIGNED 7 CLU 9 19. town, or county (Stote) Co., Maryland ADDRESS			
22. I certify that (i) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (I) A. BURIAL CRE REMOVAL (I) BURIAL CRE	tha (ii) (this hospital lost saw the decease of from the couses state of the lost of the l	Whill work work work work work work work work	We) (did) (did vot) vote of CEMETERY of CRIE	230. ADDRESS EMATORY 25C. FUNERAL DIRECTOR	Shoff Derivation (Cinal timore (23B. DATE SIGNED 7 PLO 9 19, town, or county (Stote) Co., Maryland			



IMPORTANT

FUNERAL DIRECTOR:

Type or Print				2. DATE	AND HOUR OF DEAT	TH	
	Martha V. Fr				-1971	1	
3. PLACE IN B.	OF UF NOT IN HOSPI	TAL OR INSTIT	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceosed lived. If JNTY	f institution; resi	idence before admission
INSTITUTION	ADDRESS OR LOC	(ATION)		C. CITY OR TOWN	D. 11	NSIDE CITY LIM	ITS?
Ont		2		Baltimore		YES	по 🗌
	g Green Nursir		,	3135 Chesley		Md. 212	234
F F	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	3-4-1885	9. AGE (In years lost birthdoy) 86	II Under 1 Months D	Yr. If Under 24 Hr. Hours Min.
OA. USUAL OC	CUPATION (Give kind of wor of working life, even if refired)	THE TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slole or lo	reign country)	12. CITIZE	N OF WHAT COUNTE
Housew.		Homeke	eping	Baltimore Co		U.S.	.A.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN N.	AME		
	am Nelson			Martha Pe	rine		
es, no or unknow	ed Ever in U. S. Armed Fer vn) (If yes, give wor er dote	es of service)	SECURITY NO.	17. INFORMANT		A	DDRESS 21234
N _O			213-48-0960	Mrs. Ruth M. I	rwin 6800 S	turbridg	ge Dr. Balto
injury or co	mplication which coused	l death.)		ISE A CONSEQUENCE OF:		l l	V
DISEASES rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION last. II IFICANT CONDITIONS CO ITH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 178 CON WAS PERI	ony, giving sloling the ontributing the terminal till (A).	(b) DUE TO, OR AS (c).	A CONSEQUENCE OF: Drewin Jeg 20A. AUTOPSY? (Yes or N			Vyn - ONSIDERED ATH?
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FUNERAL DIRECTOR:

H-56	0 71	2791		Y HEALTH DEPARTM		71	2791
BIRTH NO.	CCACCE		CERTIFICA	ATE OF DEA	VIH \		
(Type or Print)	11 a		11	2, 0	DATE AND HOUR OF DEAT	гн	
	IVIAR	IE	MAME		3-18-71		
3. PLACE IN BA	ALTIMORE, MARYLAND	WHERE PRONOUS	CED DEAD	4. USUAL RESIDEN	CE I Where deceased lived. II	institution: reside	ence before odmission
FILL NAME OF	E (IE NOT IN HO	CHTAL OR ILICHTUR		MARN	DOUNIT		_
FULL NAME OF	ADDRESS OR L	SPITAL OR INSTITUT	ION, GIVE STREET	JV171~ 72	LAND Balto.		5300
NOITUTION	,			C. CLTY OR TOWN		NSIDE CITY LIMIT	S?
0064	13 LAUR	ELTON F	VE.	SALTIM		YES	NO 🔀
000.				E. STREET AND NU			_
				BOX 15/2	RT. 10 - CHES	APEAKE	HUE.
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1	Tr. , If Under 24 Hr
F	W	WIDOWED	- hand	9-10-18	lost birthday)	Months Doy	ys Hours Min.
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5 W 5	<u> </u>		1		uni	Cnow	2
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18, 11	1 1 11 11 11	P			100.	10. Chea	
7/	2714	104,1	CAUSE OF DEAT	н.		AP	PROXIMATE INTERVAL
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i nearr tailure.	not mean the mode , asthenia, etc. It me	ans the disease	DUE TO, OR AS	A CONSEQUENCE OF:	1	***************************************	
injury or car	mplication which cau	sed death.)	1-	Int- Sc	I. GU De	ARCLES	
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	OR CONDITIONS,		(B)	STROKE	- IT Hamy	Pouler	14
rise lo Ih	ne above cause (A) slating the	DUE 10, OK AS	A CONSEQUENCE OF		,	0
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= IIO THE DEA	THE RUT NOT RELATED TO	THE TERMINIAL		a decen	recasias	es	-
	F OPERATION 198 C	PART 1 (A).	ICH OBSERTION	1204			
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21A ACCIDE	THE WAS HAD TO MINE						
OB CONTRIBI	NT WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g., i form, factory, street, o	n or about 21C. WHERE	DID (If In Boltim	ore City, give exo	ct locotion)
DEATH (notify	y medical examiner	etc.)		into origination, out	SO KI		
DEATH (notify) 21 D. TIME OF INJURY	(Month! (Doy) (Te	orl (Hour) 21 E. IN	JURY OCCURRED	215 4000 -	In hillier & course		
OF INJURY	,-	While		ZIP. HOW D	ID INJURY OCCUR?		
(APPROX.)		Work	At Work	"Ш ,		_, _	
22. I certify	that (1) (this hespi	tol) attended the	deceased from	2/9	19 7 d to	3/10	19 7/
	last saw the deced		3/7	10/10/		410	
			- Sef	19	and that in (my) (our) of	oinion death oc	curred on the dat
and haur an	d from the couses s	tated above. (1) (Wat (dtd) (did not) v	lew the bady after d	leath.		
23A. SIGNATE	URE 1					23B, DATE SIG	SNED
Ko	must !! Ka	ulerth	Afte	nding Med.	Staff Phys.		
23C.PHTSICIA	ANS	7	DEGREE Phys		Phys.	37	0/71
23C. PHTSICIA NAME (1	Type)	1/ 1	- A (17)	23D. ADDRESS	1	_	011
Ks	zungth	Krule	17 (MI)	115 W.	1021 umant	ST	BAITO M
4A. BURIAL CRE	MATION, 248. DATE	24C. NAM	E of CEMETERY OF CRE		24D. LOCATION (City, town, or cou	(1) (1) (1)
REMOVAL	Specify 3-22	(1)	h	7		-iny, lown, or cou	1. 1
run		.,	rewood		Bulto.		mec.
SA. DATE REC'D	BT HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DI	RECTOR / AI		DDRESS
MAK 2Z	1971 Robert	E Labour A	88	VHelme)1	2. Hoffmenn	2218N	luceon &
S 150-REV. 1/1/				7			

1 N	TH NO	1 279	2 CERTIFICA	IE OF DEATH	KEG. NO.	71 2792
	Pe or Print Gardn	er, L	Donothy	2. DATE AND 1 3 - 18	HOUR OF DEATH	1 2.456
3. P	PLACE IN BALTIMORE, MARY	LAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where de	eceosed lived. If inst	
FUL	LL NAME OF (IF NOT IN	N HOSPITAL OR IN	ISTITUTION, GIVE STREET	Me	Anne	Arundel 520
INZ	STITUTION ADDRESS	OR LOCATION)		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
(outh Baltimor	Re Gene	not the strat	AKXXXXXXXX-Glen B	urnie	YES NO
4	13		, , , , , , , , , , , , , , , , ,	11 Wilson Blud	Glan Bo	URNIE. 2106.
5. S	FW	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8-4-21. lost	47	If Under 1 Yr. If Under 24 Hi Months Days Hours Min.
IOA, done	USUAL OCCUPATION (Give kine during most of working life, even	if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign of Delaware		U.S.A.
13. F	FATHER'S NAME Walter R.			14 MOTHER'S MAIDEN NAME GRECE MO	Winsly	
5. V	Was Deceased Ever in U. S. A		16. SOCIAL	17. INFORMANT	- 19 THETY	
Yes,	no or unknown) (If yes, give w	or or dates of servi	SECURITY NO.			ADDRESS
	18. 7/ / / / / / / / / / / / / / / / / / /	**********	218 07 3635 CAUSE OF DEAT	Mr. Fred R. Gar	dner (Hust	pand) Same As #4
			(8)	antern-0	eleron	>
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Suc	obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the	the body was released to the hospital by	was D.O.A. at a hospital (except where	deceased prior to death); and (6) No ph	written approval must be obtained befor

FUNERAL DIRECTOR: IMPORTANT

5-536	5 71	21:02		HEALTH DEPARTMENT		71	2793
BIRTH NO.	EASED	2793		TE OF DEAT	TE AND HOUR OF DEAT	н	
(Type or Print)		,	S THOMAS		MARCH 17, 1	971	6:10A.
3. PLACE IN BALT	TIMORE, MARYLAND, V	VHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived If	institution; resi	idence belare admission
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUT	ION, GIVE STREET	MARYLAND	CITY	2	1229
HOSPITAL OR		A 11 O 117		BALT I MORE	D. IN	ISIDE CITY LIM	
40	ST AGN	NES HOSE	IATIC	E. STREET AND NUM	BER	YES X	№ Ц
10	31. AG	15 HO3	TIAL	3222 KING	SLEY ST.	0	2006
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 Hrs.
MALE	WHITE	WIDOWED		06 04 21	4.9		
lone during most of v	rorking life, even if retired)	IOB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or fareign country)	12. CITIZE	N OF WHAT COUNTRY
SE CURITY		Mercy Ho	ospital	MARYLAND		U.	S.A.
3. FATHER'S NAN				14. MOTHER'S MAIDE			
CHARLES				ANNA (GEOR	GE)		
	Ever in U. S. Anned For Of yes, give wor or dote	ces?	6. SOCIAL SECURITY NO.	AVES	BALTIMORE	MD	21229
YES	WW2	2	220-09-2974 CAUSE OF DEAT		HOSPITAL CA	TONEI	WILKERS
(This does no heart failure, of injury of camp A DISEASES Of the UNDERLYING	LEADING TO DEATH of mean the made of pathenio, etc. It means plication which caused NTECEDENT CAUSES R CONDITIONS, it obove cause (A) CONDITION jast.	the disease, death.)			cular Eolla Bleeding		
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. OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined		ACE OF INJURY (e.g., Ir form, foctory, street, of	or oboul 21 C. WHERE Dice bldg., INJURY OCC	OID (If In Boltim	ore City, give e	exoci lecetion)
	(Month) (Doy) (Year)	(Hour) 21 & IN While Work	AI Work	- [D INJURY OCCUR?		
22. I certify t	that (1) (this hospital) ottended the	deceosed from MA	RCH 16	19_71_toM	ARCH I	71971
that (() (we)	last saw the decease	d oilve on M	ARCH 17	19 71 0	nd that in (My) (our) op	inion deoth	accurred on the date
ond hour ond	from the causes stat	ed above. (†) (We) (did) (blid/not) v	iew the body ofter de	oth.		
23A. SIGNATUI	26 - 1L	111		nding Med. I	□ Stoff KV	23B, DATE	SIGNED
23C. PHYSICIAN NAME (Ty	rs pel China-	- 18a	DEGMEE	CATON & WI	LRENS PAVES.	BALTI	MORE MD.
4A. BURIAL CREA	ATION, 248, DATE	24C. NAM	E OI CEMETERY OF CRE			City, town, or c	, , , , ,
Burial	3-19-19	71 Balti	imore Nationa	1 Cemetery	Baltimore, Ma		
MAR 99		258 NAME OF	REGISTRAR	25C. FUNERAL DIRE	CTOR Hubbard /107	LT: 11-0-0	ADDRESS

VS 150-REV. 1/1/68

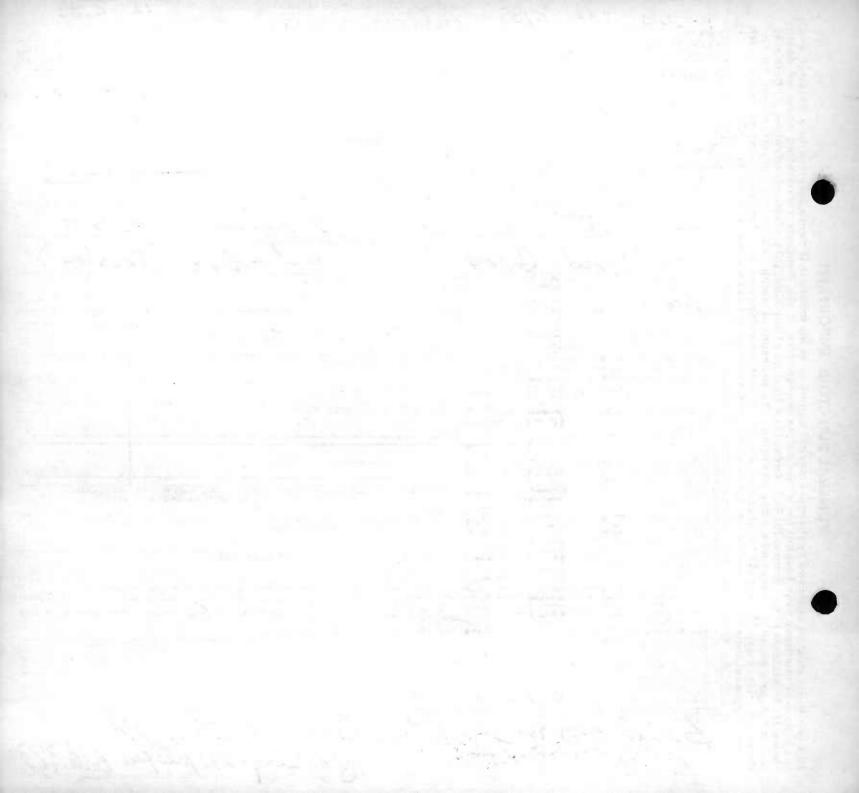
유 선생님, 프로젝트로 무대로 등에 기계 등을 하는 10년, 16년의 경험에도

and the second second second

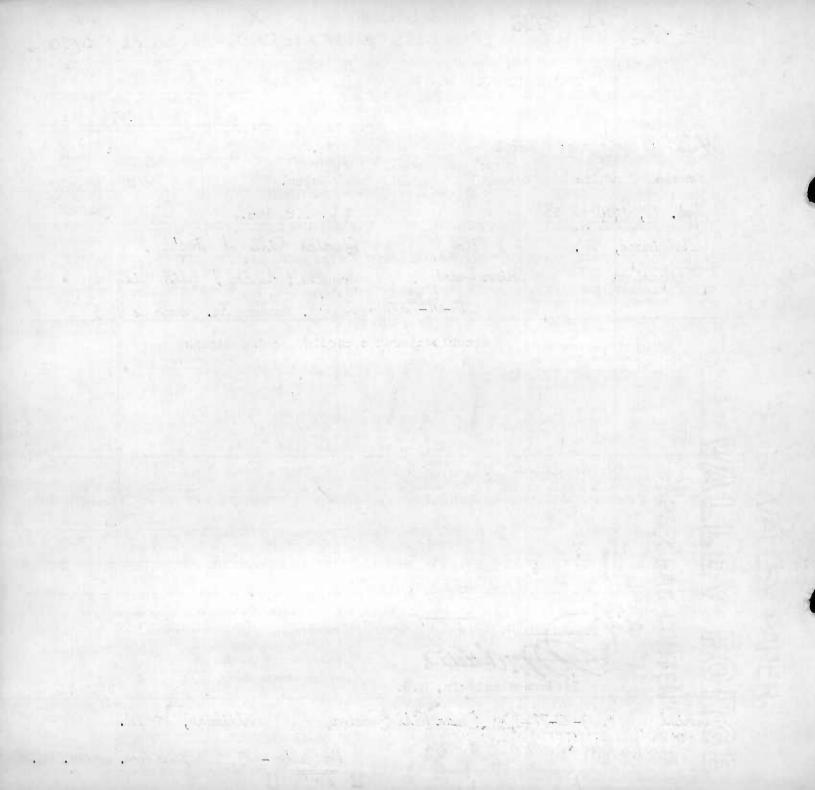
BIR	3-62 THNO.	0	MED	ICAL	В	AMINER'S)F C	EAT	H REG. N	7.	1_	279	4
_	NAME OF DEC	CEASED					2. DATE	Known 🖎	1	Month	Doy	Ye	eor	Hour	
(Typ	e or Print)	Juli	a Brook	S			OF	Estimoted		3	15	71		1:40	a
4 1	PLACE IN BAL				RONOU	NCED DEAD	DEATH 3. DATE			Month	Dov			Hour	CC M.
FUL	L NAME OF SPITAL INSTITUTION	(IF NO		LORINS		I, GIVE STREET	PRONOI	INCED DEAD		3	15	71		1:40	a. M.
4	14		Memori		*		A. STATE Md.		nere de		B. COUNT	Y	26	4	2
6. 5	EX	7. RACE		8. MARI	RIED 1	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE	CITY LIM	ITS?		24.00
1	emale	Whit	e	WIDOV	VED 🗌	DIVORCED	Ba	lto.				YES X	N	0	
9. [ATE OF BIRT	H	10.AGE (In			r 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER	1						
	B/21/2	777	lost birthdoy		Months	Doys Hours Min.	47	65 Sham	rocl	Α 37.0	nuo				
11	BIRTHPLACE (S		43		10 CITI	IZEN OF	13. FATHER		LOCE	AVE	ilue				
11.			gn country)			AT COUNTRY?	IS. PATHER	3 INAME							
Н	W. V					II.S.	F	rank Bus	zzai	rd					
14A	USUAL OCCU	PATION (Gi	ve kind of work 1	4B. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	NAME						
don	during most of	e oper		Pol	77 50	al Co.		Emma Co	MOIL	-0					
16	WAS DECEAS				1/	7. SOCIAL	18. INFOR		LOUR	00		ADDRES	S	-	
(Ye	, no or unknown	(If yes, give	wor or dotes	f service)	SECURITY NO.			1-) 1			2.2	
_	no				2	15-22-1618		rles Br	OOK	5, (husban	id) sa			
	19.4/6	2 Cfm.				CAUSE OF DEA	TH							OXIMATE IN	
		1 1	OITION DIREC	TIV		Arterio	sclerot	ic card	iov	ascu	lar dis	sease			
		LEADING T		,,,,,,											
			mode of dyi	na. e.a		(A) MMEDIATE	AS A CONSEQ	HENCE OF							
	heort failure	e, osthenio, et	c. It meons the ich coused deo	diseose,		DOL 10, OK	AJ A CONSEQ	OLIVEL OF.							
	DISEASES	NTECEDENT OR CONDIT E ABOVE CA NG CONDIT	ONS, IF ANY,	GIVING ING THE		(B) DUE TO, OR	AS A CONSE	QUENCE OF:							
ó						(0)							1		
CERTIFICATION	TO THE DE	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	AINAL										
CERT	20A. DATE O	F OPERATIO	N 20B. CON	IDITION	FOR W	HICH OPERATION W	AS PERFORM	ED				21. A	yes	Y? (Yes o	r No)
EDICAL	UNDERLYING		ITRIB-		22B. PLA	ACE OF INJURY (e.g., orm, foctory, street, office	in or obout 2 ce bldg., etc.)	2C. WHERE D	ID (If i	n Boltimo	ore City, give	exoct locot	ion)		
ME	OF INJURY		ATH. Doy) (Yeor) (Hou		INJURY OCCURRED	r WHILE .	2F. HOW DID	INJU	RY OCC	UR?				
	(APPROX.)				m. WO		VORK								
	23. 1 cer	tify that I l	neld an 1 r	quiry [] 1	nspection A	Itopsy XX	and that a	n this	basis,	death in	my apinl	an		
	resul	ted fram: I	Natural caus	es X	Acc	ident Suici	de 🗌 🖁 He	ımicide 🗌	Un	determ	ined manne	er 🗌			
			1	7.	-			CHIEF MEDICA	AL EXA	MINER					
	ACTUAL			11	M	111					ī		D	ATE SIGN	1ED
	SIGNAT	_/	wil	N	TV	M.I	J.	STANT MEDIC					2	11 = 1-1	
	EXAMIN		terki	kov	ic, N	1.D.	ASSC	CIATE MEDIC	AL EXA	MINER	权		3/	15/71	la.
	NAME (
24. RE	MOVAL (Spec	ify)	24B. DATE	/		NAME of CEMETERY			4D. LO	CATION		town, or co	ounty)	(Sto	ie)
	buria		3/18/	71		ardens of F					to., N	ld.			
25.	A. DATE RECO	LBA THE VIET I	DEPT.	25B. N	NAME O	F REGISTRAR		Sabamune			7 11	ADDRES		2222	771
	MAR 2	2 5077	(Rolling	23	Ben	MA		Schimune	GK I	uler		le, In		JJJ1	Bren

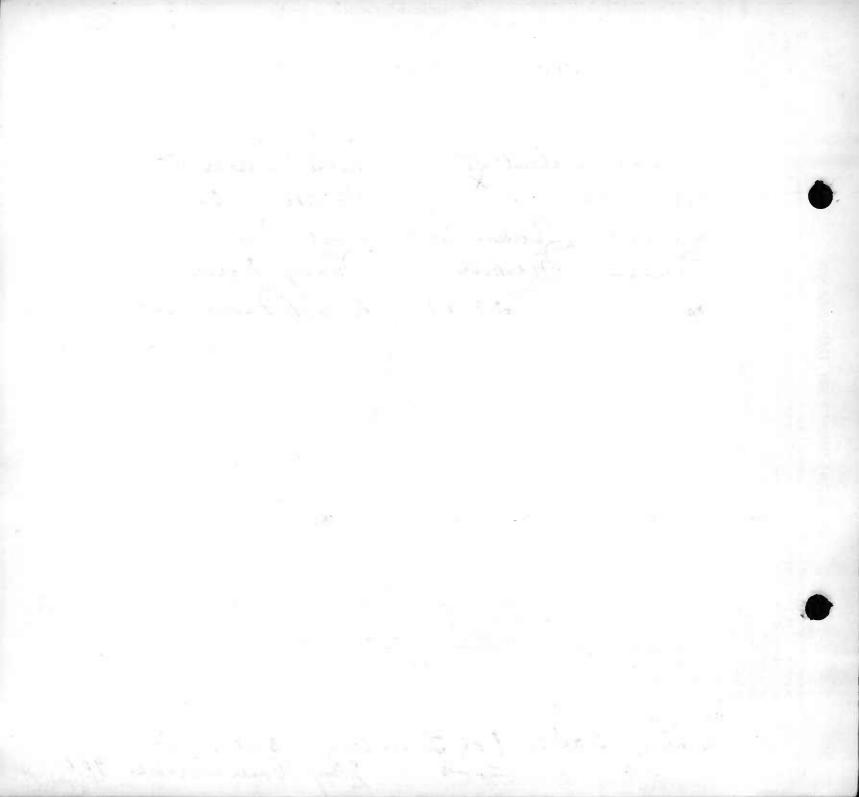
VS 151-REV. 1/1/68

0-200 71 279	BALTIMORE CIT	Y HEALTH DEPARTMENT	7:	1 2795
7-300	CERTIFICA	TE OF DEATH	REG. NO.	2/99
BIRTH NO. 1. NAME OF DECEASED			HOUSE OF BEATH	
	TE	3-1	8-71	1 3:05 R
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	BALID.	2533 (LIMITS?
SOUTH BALTIMORE G	EN. HOSDIEN	BALTIMORI E. STREET AND NUMBER		
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		d,
T WIDON	NED NEVER MARRIED DIVORCED	3-11-15	5 5	der 1 Tr. If Under 24 Hrs. hs Days Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or foreig	n country) 12. C	TIZEN OF WHAT COUNTRY
one during mast of working life, even it retired)	emplosed	turg	ever 2	LSA
3. FATHER'S NAME dec / / Aud / G	RAY	14 MOTHER'S MAIDEN NAM	. / .	Rus low)
Was Deceased Ever in U. S. Armed Forces?	IF & SOCIAL	17. INFORMANT	209 (1	ADDRESS
es, no or unknown) (If yes, give war or dates of servi	SECURITY NO.	DOZOTHY F	ITZGERALD	
18.303,21/	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	//	epalic los	ma	
(This does not mean the mode of dying.	A) IMMEDIATE CA	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise	ase,			
ANTECEDENT CAUSES	CI	nome a	leo holes a	
	(B)			
DISEASES OR CONDITIONS, If any, gi	Anna .	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(c)			
II III		· · · · · · · · · · · · · · · · · · ·		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG -			
		120A AUBOROW Ros co No.	200 IS YES MIRRS SIMIPAN	OS CONSIDERED
19A DATE OF OFERATION 19B CONDITION I WAS PERFORMED	OK WHICH OPEKATION	TOW WOID SISTING OF 140	IN CERTIFYING CAUSES O	F DEATH?
21A. A CCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 PLACE OF INJURT leage, home, form, foctory, street, o	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	(II In Baltimore City,	give exact facation)
210-TIME (Manth) (Day) (Year) (House	21 E INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
OF INJURY	While At At Work	10		
	111111111111111111111111111111111111111		- 0 / '7	. 2
22. I certify that (I) (this hospital) attend	7 10	0/	t in (my) (aux) apinion d	eath accurred on the date
and hour and from the causes stated above				
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	23 B. D	ATE SIGNED
NEVILL COM	M.D. AH	ending Med.	Staff Phys. 3	-18-71
23C. PHTSICIAN'S NAME (Type)	DEGREE Ph	23D. ADDRESS		
LILIA B. VILL	ATANIA MUL	5BG+1-30	101 S. Nami	Var 51. me
REMOVAL (Specify)	C. NAME of CEMETERT OF CI		CATION A (City, town	or county) (State)
Surial 3-77-11 256, NA	ME OF REGISTION &	25C. FUNERAL DIRECTOR	alle po	ADDRESS/ 2/2
MAR 92 TOT PLEE	Parter 1888	of the college	1-237 Palage	Les Ballo, red
VS 150-05V 1/1/S1				



H-516 71 2796 BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DEATH PEG NO.	'74 9m00
BIRTH NO.	REG. NO	11 2/30
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Yeor Hour
THELMA HOMBERG	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 18 5. USUAL RESIDENCE (Where deceosed lived. If institution	1971 8:30 рм.
4 South Baltimore General Hospital	A. STATE B. COUNTY	5 2 A
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
female white widowed DIVORCED	Balto.	s X NO 🗆
9. DATE OF BIRTH Feb. 18, 1916 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 2 W. 11th Ave.	110
Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Gharles Gill (Dec'd))
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if refired)		
Supervisor Union Trust	Rosetta (Ashley) XXXX	fill
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)	1B. INFORMANT AL	DDRESS //
19 (CAUSE OF DEA	Frank E. Homberg Sr. same	
CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ATTERIOSCLERO	tic cardiovascular disease	
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Boltimore City, give exo bldg., etc.)	no t locotion)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	22F. HOW DID INJURY OCCUR?	
m. WORK AT W	OKK LI	
I certify that I held an Inquiry Inspection X Au	topsy and that on this basis, death in my	opinion
resulted from: Notural causes 🔀 Accident 🗌 Suicid	e Hamicide Undetermined manner	
ACTUAL DO A.O.	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER	DAIL SIOIVED
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	3/19/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		or county) (State)
Durial 3-22-/1 Cedar Hill C	emetery Baltimore,	Md.
MAR 22 SVI PAGE 1258. NAME OF REGISTRAR	Mc Cully - 237 Patapsco 1	Ave. Balto. Md.
VS 151-REV. 1/1/6B	0 7 0 0	





IMPORTANT

DIRECTOR:

FUNERAL

NO T

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

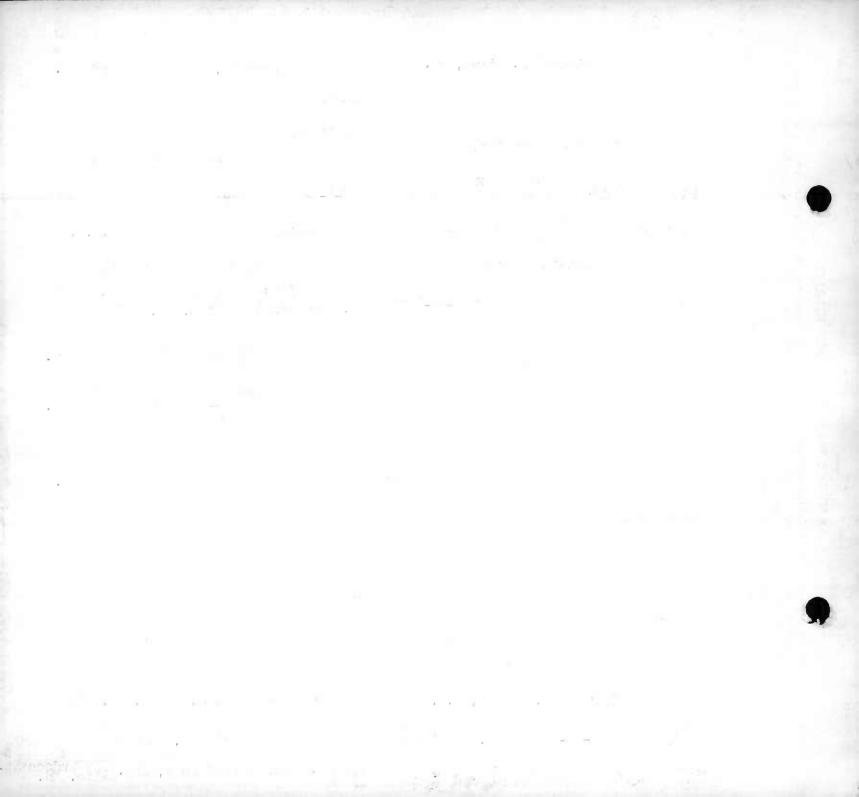
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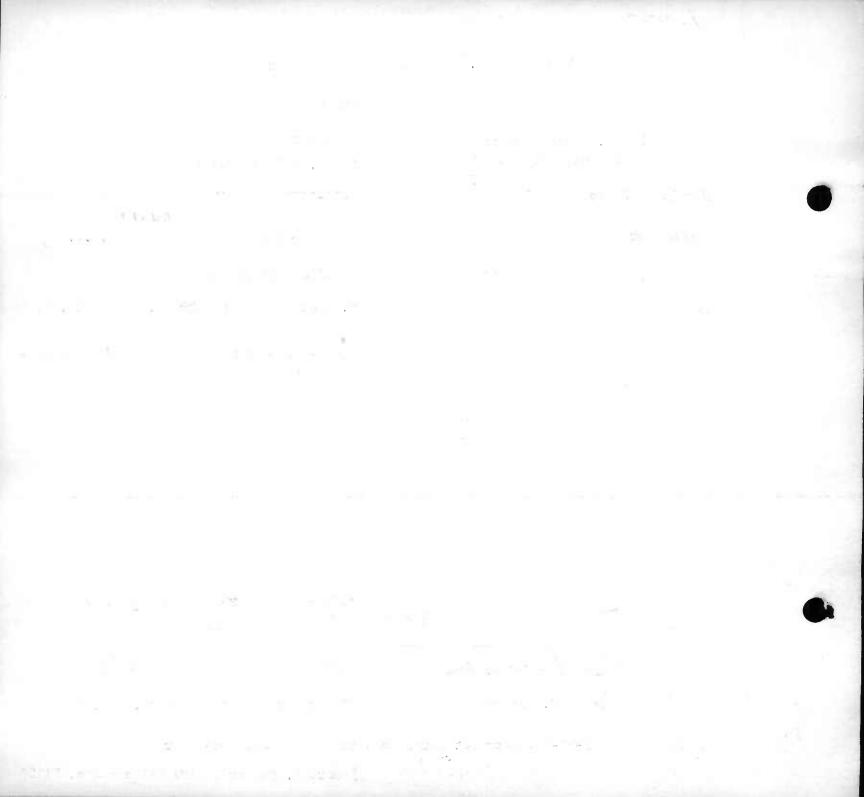
If Under 24 Hrs.



B	H-200 71 2799	BALTIMORE CITY CERTIFICA			REG. NO	71	2799	
11	NAME OF DECEASED YOUR PRINT ERE BERNEZA HOU	ISE		2. DATE AND	HOUR OF DEATH	3.3	21 /	0
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins	titution; res	idence before lac	mission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OSPITAL OR ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOW	'N	D. INSIE	E CITY LIM	15 4/	3
	BUNIVERSITY HOSP.	• 43	E. STREET AND	NUMBER SALERI		YES C	NO	
5.	SEX 6. RACE 7. MARRIED THE	O,MD,	8. DATE OF BIRT		AGE (In years			
	MIDOWED	DIVORCED	11-9-	22 "	st birthdoy)	Months D	Yr. If Under Poys Hours	24 Hrs. Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSING during most of working life, even it retired)		MANN	(State or foreign	S, C	12. CITIZE	N OF WHAT C	4
13	FATHER'S NAME		14. MOTHER'S N	AAIDEN NAM				
15		DCIAL	17. INFORMANT	D/X	6/0		ADDRESS	
11.		0-120-0276	1.00	0/1-1-	4 40057	-566	SALEVER	10 PL
1		CAUSE OF DEATH	•		110018	8E	APPROXIMATE IN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RESPI	RATORY	FAILURI	FUL EMBO	2,	2 DAY	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		CONSEQUENCE		102. 61.30	4		
	ANTECEDENT CAUSES	(8) TUGE	ERCULO.	SIS,	ACTIVITY	? =	YEAR!	S
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS	A CONSEQUENCE	OF:		000000000	***************	*********
	11	(-/					****************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				SIAL INFA		***	P Grid or shadowk
RTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A AUTOPSY	7 (Yes or Na)	20 L IF YES, WERE FI	NDINGS C SES OF DE	ONSIDERED ATH?	
MEDICAL C	OR CONTRIBUTION OF	E OF INJURY (e.g., in n, foctory, street, aff			(If In Soltimore	City, give	exect location)	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJU (APPROX.) While At Wark	RY OCCURRED Not Whife At Work		וטנאו סום א	RY OCCUR?			
	22. I certify that () (this hospital) attended the dec		3/17	19	•7/ ta	3/18	19_	7/
	that (1) [see] last saw the deceased alive on	3/18	19.7/		in (my) (out) opini	an death		-
	and haur and from the causes stated above. (1) (We)	(dld) (did not) vi	ew the body af	ter death.			CIONED	
	Charles Sheener) M.	Attern Phys.		d. Si	off D	23 R. DATE	BIGNED	
	23C. PHYSICIAN'S NAME (Type) AUDITE TO LITTLE IN	2	3D. ADDRESS		1			
24	A BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CRE	MATORY	24D. LOC	CATION (City	town, or o	county)	(State)
	BURIAL 3/25/7/MT, /-	YUB, CE,	METEL	24 165	ALTO, C	174.	- M.	D
25 M	AR 22 1971 Called E. Marie De La Company	- C	25C. FUNERAL	DIRECTOR	1- BEO WILL	-3100	ADDRESS /	ACCENT
VS	150-REV, 1/1/68	*						

Teller Total

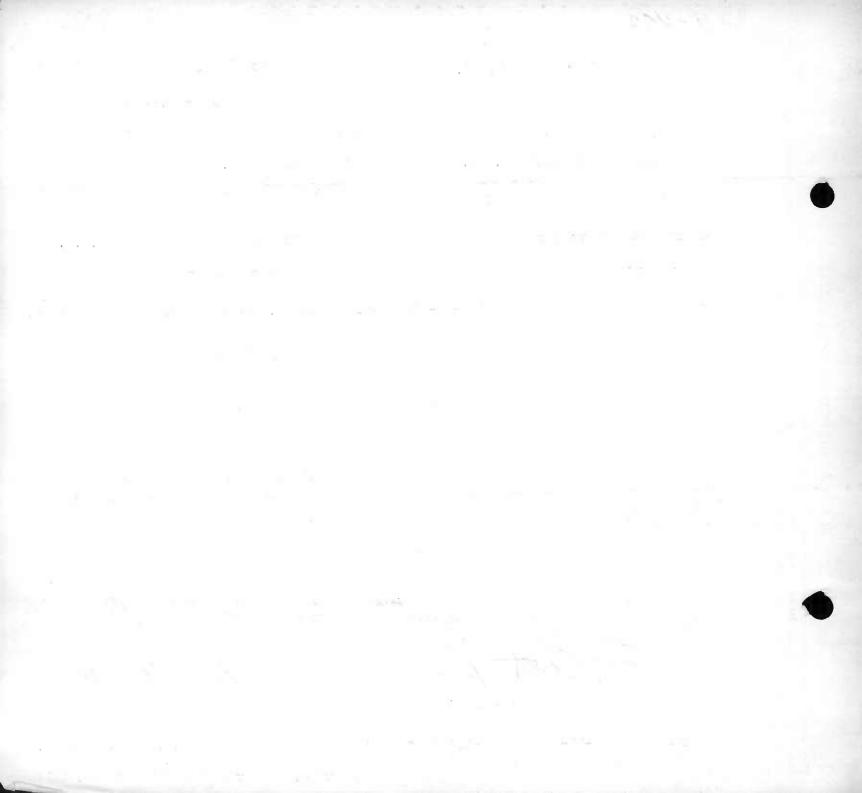
	-255 H NO.	/1 28		TE OF DEATH	REG. NO.	71 2800
	ME OF DECEASED OF Print) ESTE	ELLA	M. HOUSMAN	2. DATE AN March	19, 1971	1
3. P	ACE IN BALTIMORE, MARYLAN	ID, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution: residence before admission
HO!	L NAME OF (IF NOT IN HO PITAL OR ADDRESS OR I	OSPITAL OR INS	TITUTION, GIVE STREET	Maryland c. CITY OR TOWN		DE CITY LIMITS?
1	△ 200 S. Hilt	ton Stree	af-	Baltimore E. STREET AND NUMBER		YES 🔀 NO 🗌
U	Baltimore,		-	200 S. Hilton	Street	
. SI		7- MARRII	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
-	male White	WIDOW		5-19-1903	67	
OA. Ione	USUAL OCCUPATION (Give kind of during most of working life, even if reli	of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTE
	Iomemaker			Maryla:	nd	U.S.A.
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
		P	sean	Ella Fit	zsimmons	
5. W	os Deceosed Ever in U. S. Armeno or unknown) (If yes, give wor or	d Forces?	1 6. SOCIAL	17. INFORMANT	ao Zimio IIo	ADDRESS
No				Mr. Charles How	usman, 200 S	6. Hilton St. 2122
	8. / 6 9 / 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	This does not mean the mode neart laiture, asthenio, etc. It m- injury or camplication which can ANTECEDENT CAU	reans the diseasured death.)	se,	A CONSEQUENCE OF:	ung	
CATION	DISEASES OR CONDITIONS, ise to the above cause UNDERLYING CONDITION iast OTHER SIGNIFICANT CONDITIONS OTHE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN IN PARADATE OF OPERATION 198.	(A) stating to the state of the state of the standard to the s	G	A CONSEQUENCE OF: 20A-AUTOPSY7 (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED
RTIFICATION	ISE 10 THE above cause UNDERLYING CONDITION 10st II DIHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RELATED USEASE OR CONDITION GIVEN IN 9A. DATE OF OPERATION WAS	(A) stating 1 1. CONTRIBUTING TO THE TERMINA PART 1 (A). CONDITION FO PERFORMED	G LL R WHICH OPERATION	20Å-AUTOPSY7 (Yes or No)		INDINGS CONSIDERED ISES OF DEATH? City, give exect location)
CAL CERTIFICATION	ise to the above cause UNDERLYING CONDITION iast II OTHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN PALDATE OF OPERATION 1198.	(A) stating to the state of the	G C)	20Å-AUTOPSY7 (Yes or No)		
MEDICAL CERTIFICATION	ise to the above cause UNDERLYING CONDITION iast II OTHER SIGNIFICANT CONDITIONS OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN PA. DATE OF OPERATION 198. WAS 11A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	(A) stating to the state of the	G R WHICH OPERATION PROPERTY (e.g., in the control of the control	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	
MEDICAL CERTIFICATION	ISE In the above cause UNDERLYING CONDITION instance of the Death But not Related instance of the Death But not Related instance of Condition Given in 198. Was instance of Operation 198. Was instance of Contributing Cause of Death (notify medical examine) instance of Contributing Cause of Death (notify medical examine) instance of Contributing Cause of Death (notify medical examine) instance of Contributing Cause of Contributing (Month) (Doy) (Yellow)	(A) stating to the state of the	G AL R WHICH OPERATION PIR PLACE OF INJURY (e.g., income, form, fociory, street, of the come, form,	20A-AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If In Bollimore	
MEDICAL CERTIFICATION	ise to the above cause UNDERLYING CONDITION iast II DIHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN IN 9A-DATE OF OPERATION 198. WAS IIA. ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH (notify medical examined) ID. TIME (Month) (Day) (Y F INJURY APPROX.) 2. i certify that (i) (this has placed)	(A) stating to the control of the terminal variation for the terminal varia	G C)	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If In Bollimore	City, give exect location)
MEDICAL CERTIFICATION	ISE In the above cause UNDERLYING CONDITION iast OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN PALDATE OF OPERATION 198. WAS 11.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examines) 11.D. TIME (Month) (Doy) (YOUR PROXIMAL OF INJURY APPROX.) 2. i certify that (i) (this has been also and haur and from the causes and haur and from the causes	(A) stating to the control of the terminal variation for the terminal varia	G C)	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If In Bollimore	City, give exect location)
MEDICAL CERTIFICATION	ise to the above cause UNDERLYING CONDITION iast II DIHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN IN 9A-DATE OF OPERATION 198. WAS IIA. ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH (notify medical examined) ID. TIME (Month) (Day) (Y F INJURY APPROX.) 2. i certify that (i) (this has placed) (we) iast saw the decorated in the contribution of the contribution	(A) stating to the control of the terminal variation for the terminal varia	G C)	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID injury OCCUR? 21F. HOW DID INjury 19 7 and the liew the body after deoth.	If In Boltimore	City, give exect location)
MEDICAL CERTIFICATION	ISE In the above cause UNDERLYING CONDITION inst II OTHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RELATED INSEASE OR CONDITION GIVEN IN PARDATE OF OPERATION 198. WAS IIA. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examine) IID. TIME OF INJURY APPROX. 2. i certify that (i) (this has that (i) (we) iast saw the decound have and from the couses IIA. SIGNATURE III. TIME OF INJURY APPROX. 3. SIGNATURE	(A) stating to the control of the terminal variation of the terminal v	G C. R WHICH OPERATION PROPERTION CIB. PLACE OF INJURY (e.g., income, form, foclory, street, of street, of street) THE INJURY OCCURRED While At	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 7 and the few the body after deoth. nding Med. Director	If In Bollimore JRY OCCUR? 9 to to tin(my) (our) opin Shaff	City, give exect location) 238. DATE SIGNED
MEDICAL CERTIFICATION	ID THER SIGNIFICANT CONDITION I OS I OTHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RELATED SIESASE OR CONDITION GIVEN IN PA-DATE OF OPERATION 178. OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS OF CONDITION OF CONDITIONS OF CONTRIBUTING CAUSE OF OPERATION OF INJURY APPROX.) 2. i certify that (i) (this has possible to the courses of the course of the courses of the course of th	(A) stating to 1. S CONTRIBUTING TO THE TERMINA PART 1 (A). CONDITION FO EPERFORMED NG PERFORMED Year) (Hour) 2 pital) attended eleased alive of stated above. C. Poun	G C. R WHICH OPERATION PROPERTION CIB. PLACE OF INJURY (e.g., income, form, foclory, street, of street, of street) THE INJURY OCCURRED While At	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 7 ond the fiew the body after deoth. 123D. ADDRESS 3325 Frederick	If In Boltimore ORY OCCUR? To to opin in (my) (our) opin Shoff Or opin Avenue, Bal	City, give exect location) 238. DATE SIGNED
WEDICAL CERTIFICATION	ID THER SIGNIFICANT CONDITION I OS I DEATH BUT NOT RELATED INSEASE OF CONDITION GIVEN IN PARABOLITING CAUSE OF DEATH (notify medical examine) 10. TIME (Month) (Doy) (YAD AND AND AND AND AND AND AND AND AND A	(A) stating to the control of the terminal of the terminal of the terminal of the condition for the terminal of the condition for the cond	G AL R WHICH OPERATION PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, form, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, fociory, street, of otc.) PIR. PLACE OF INJURY (e.g., income, fociory, street, of otc.)	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 7/ and the few the body after deoth. nding Med. 23D. ADDRESS 3325 Frederick MATORY 24D. LC	If In Boltimore ORY OCCUR? To to opin in (my) (our) opin Shoff Or opin Avenue, Bal	238. DATE SIGNED 238. DATE SIGNED 230. (Stote)



IMPORTANT

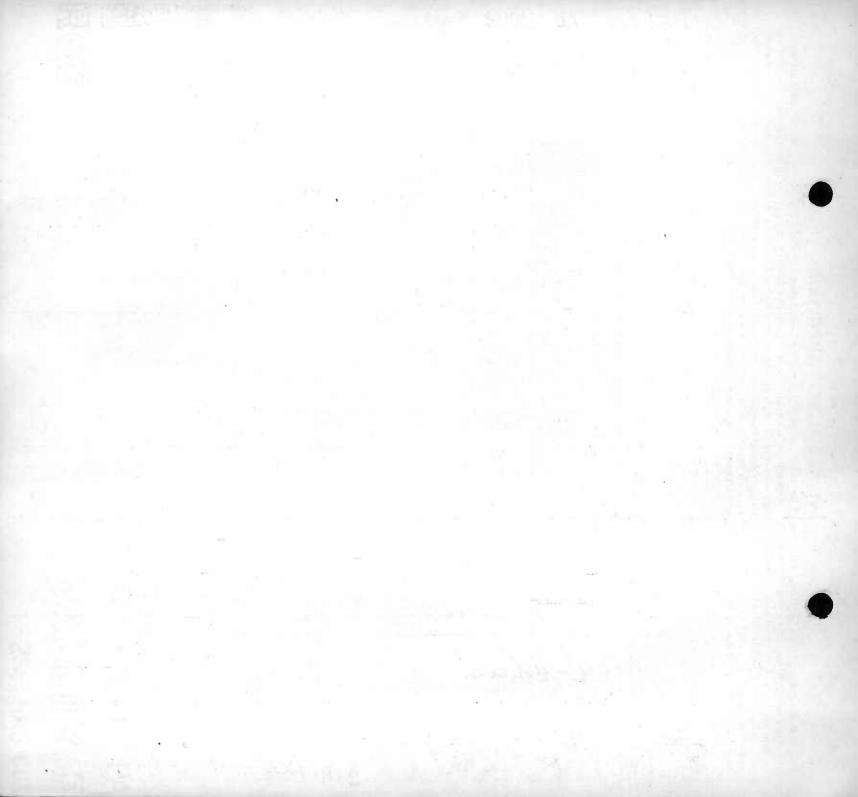
FUNERAL DIRECTOR:

D-1/50 BALTIMORE CIT	Y HEALTH DEPARTMENT	1 2801
BIRTH NO. 1. NAME OF DECEASED CERTIFICA	ATE OF DEATH REG. NO.	7 5901
(Type or Print) William E. Dowling . SR.	2. Date and Hour of Death March 19th, 1971	8:20 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institu	ution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Anne Aru	indel 5200
		CITY LIMITS?
Saint Agnes Hospital	Linthicum YE E. STREET AND NUMBER	is 📴 NO 🗌
Caton & Wilkens Ave. 21229	1221 Furnance Rd. 21090	
6. RACE 7. MARRIED NEVER MARRIED MILONOPORT NIVORCED NIVO	8. DATE OF BIRTH 9. AGE (In years 11 lost birthdoy) M	Under 1 Yr. II Under 24 Hrs
THE DIVORCED !	1 //20/99 1 /1 1	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF WHAT COUNTR
Retired Crain Operator	Maryland	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
Unknown	Elizabeth Horsey	
S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21090
No 215-07-4165	Mr. William E. Dowling, Jr. 1	1106 Eurnaco Pd
18.// / CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEAT
LEADING TO DEATH	ISE MYDGARDIAL INFARCTION	1 HOUR
(A) MMEDIALE CAI This does not mean the made of dying, e.g., heart loiture, asthenia, etc. It means the disease,	JSE MYDICAROML INFARCTION A CONSEQUENCE OF:	1 1100
injury or camplication which coused death.)	DISEAS	
ANTECEDENT CAUSES ACTOR	2001-ElsTill Cagainyair ag	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	SCLERSTIL CARDIDVASINAR A CONSEQUENCE OF:	CHRONIC
rise to the obove couse (A) sloting the		
GNDERLING CONDITION last. (C)		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
E ITO THE DEATH BUT NOT RELATED TO THE TERMINAL POST - O	GRATILE ARTERIAL RECONSTENCE	7515 WEEKS
19A. DATE OF OPERATION THE CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	
WAS PERFORMED	IN LEKTIPTING CALISES	OF DEATH?
JIZIA. ACCIDENT WAS UNDERLYING TO THE PLACE OF INITION (O. P. 1		
OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	fice bldg. INJURY OCCUR?	y, give exoct location)
OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work		
22. I certify that (D)(this hospital) attended the deceased from 192	5B 4 1971 to MACC4	1 19 10 71
the III (we) last saw the deceased alive an 17 MARCH	19 7 L and that in (my) (aur) apinian	
and haur and from the causes stated obave. (1) (We (did) (did not) v	to the total and the inemy/ (dur) apinian	deoth accurred on the dot
23A. SIGNATURE		<u>'</u>
6011		DATE SIGNED
Dicare Phys	Director L Phys. 2	119171
THE LAPPET	23D. ADDRESS	
Frank Burt MD		
AA. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, to	wn, or county) (State)
Buria1 3-22-71 Meadowridge Cemet		Howard Co. Md.
5A. DATE BEC'D, No HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
S 150-RE 07 1/1/68	Howard H. Hubbard, 4107 Wil	kens Ave. 21229
3 13U=RE V. 1/1/08		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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11) .10	1-1-1	0400	BALTIMORE CITY	HEALTH DEPARTMENT		1914	0 -00	
0 - 42 BIRTH NO.	5 71	2802	CERTIFICA	TE OF DEATH	REG. NO	71	2802	
Type or Print)	CEASED Claude Wi	lkinson			D HOUR OF DEATH	H I	4:50 PM M	
3. PLACE IN BA	(IF NOT IN HOSPIT ADDRESS OR LOCAL 1218 Marsha	AL OR INSTITU	JTION, GIVE STREET	A. USUAL RESIDENCE (When A. STATE B. COUN Md. C. CITY OR TOWN Baltimore	TY D. IN	Institution: re	2 3 0 2	
00				E. STREET AND NUMBER 1218 Marsh				
S. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.	
done during most o	CUPATION (Give kind of work for working life, even if retired) abonen	Rails		19. BIRTHPLACE (Stote or forei Florida	gn country)	12. CITIZ	U. S. A.	
13. FATHER'S NA Herber	t Wilkinson		file and	14. MOTHER'S MAIDEN NAM	ΛE		- Albert	
5. Was Decease	d Ever in U. S. Armed For (n) (If yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO. 262-42-4727	17. INFORMANT Almira Wilki	nson (wife): same	ADDRESS	
(This does	ASE OR CONDITION DI LEADING TO DEATH not meen the made of c, osthenia, etc. It means implication which caused ANTECEDENT CAUSES	dying, e.g., the diseose, deoth.)		Use Cancer of left A CONSEQUENCE OF:	lung		approximate interval setween onset and death 1 year	
UN DERLYIN	OR CONDITIONS, if he abave cause (A) NG CONDITION last. II IFICANT CONDITIONS CONTINUES CONTIN	stating the NTRIBUTING HE TERMINAL	(C)	A CONSEQUENCE OF:				
19A. DATE C	or operation 198. Con was PER	DITION FOR V	vhich operation same	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING C			
OR CONTRI	ENT WAS UNDERLYING DESCRIPTION OF STATE	21 B. hom etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give	exoct locotion)		
21 D. TIME OF INJURY (A PPROX.)	F INJURY							
	y that (1) (this hespita e) lost saw the decease	"5	1			March I	h occurred an the date	
and haur o		ted obave. (I) (Wa) (did) (did not) v	iew the bady ofter death.		23B, DAT	E SIGNED	
23C. PHYSICI	(Type)	Ku	DEGREE Phy	23D. ADDRESS	Staff Phys. Bold		3-20-71	
24A. BURIAL CR REMOVAL	REMATION, 248. DATE	u, M. D.	DEGREE	1 E. Randall		City, town, o		
Burial	1 2/22/00		edar Hill Ceme	etery. Bo 25C. FUNERAL DIRECTOR Ma Cully Fu	altimore, Mo neral Home	130 E.	ADDRESS Font Ave.	
S 150-REV 1/1	/6 R			6-mg				

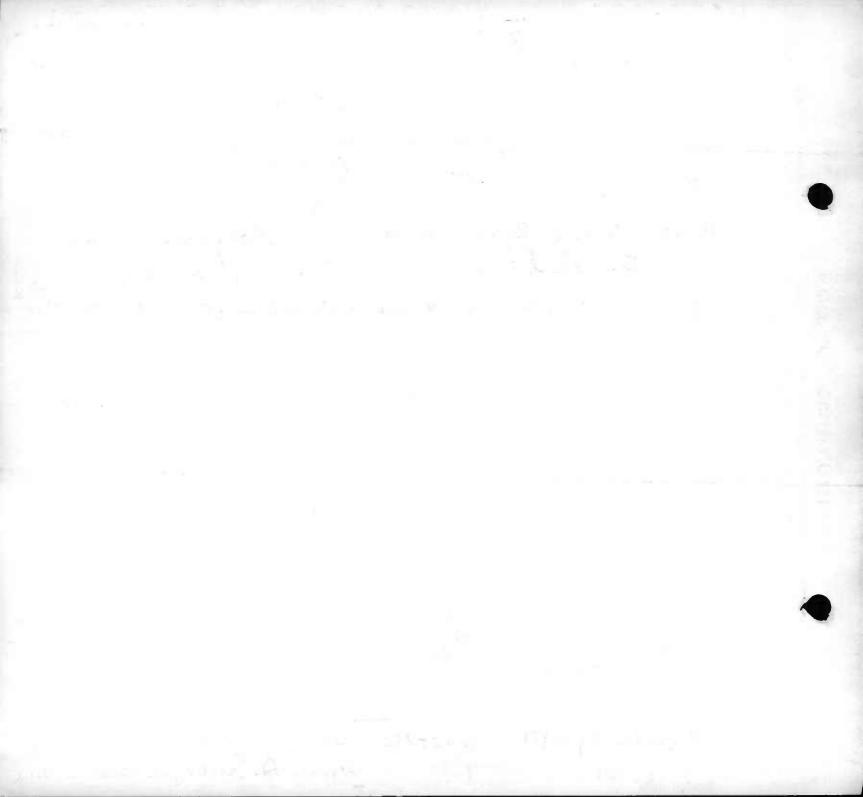


WIDOWED DIVORCED O1-24-04, lost birthday) 67. Manths Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Paperer-Retired Self Employed MARYAND USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, giva war at doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WILLIAM OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) WARYAND USA. 16. SOCIAL SECURITY NO. 17. INFORMANT TO STAND SMARY ADDRESS RECURITY NO.
STACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decased lived, ff institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 5409 - B. SARLILL ROAD. S. SEX 6. RACE WIDOWED DIVORCED OI - 24 - 04, Sold linyeers Institution: residence before admission) A. STATE B. COUNTY MARYLAND D. INSIDE CITY LIMITS? YES NO II Under 1 Yr. If Under 24 Hrs. Manths; Days Hours Min. OIA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or (oreign country)) Paperer-Retired Self Employed MARYLAND WENCE TO A COUNTRY MARYLAND WENCE TO A COUNTRY MARYLAND 12. CITIZEN OF WHAT COUNTRY MARYLAND WENCE TO A COUNTRY MARYLAND WEN
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) WINDOW MEMORIAL HOSPITAL C. CITY PRIOWN C. CITY PRIOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 5-409-B. SARLIURAD. S. SEX M. G. RACE WIDOWED DIVORCED OL - 24 - 04, Institution of the property o
UNION MEMORIAL HOSPITAL BATTAMORE. VES NO ESTREET AND NUMBER 5-409-B. SARIURAD. S. SEX No. G. RACE NOTE OF BIRTH OF BIRTH OF MARKIED DIVORCED OI - 24 - 04, lost birthdayl 67. Manths: Days Hours Min. MIDOWED DIVORCED OI - 24 - 04, lost birthdayl 67. Manths: Days Hours Min. OLA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Paperer-Returned. Self Employed: MARYLAND USA.
5-409-B. SARLIL ROAD. 5-809-B. SARLIL ROAD. 6-809-B. SARLIL ROAD. 7-809-B. SARLIL ROAD. 9-809-B. SARLIL ROAD. 10-809-B. SARLI
MARRIED NEVER MARRIED 5. B. DATE OF BIRTH OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) Paperer-Retired Self Employed MARRIED NEVER MARRIED 6. DATE OF BIRTH OI - 24 - 04, Island of Working Island of Work 10B, KIND OF BUSINESS OR INDUSTRY MARRIED NEVER MARRIED 6. DATE OF BIRTH OI - 24 - 04, Island of Working Island of Work 10B, KIND OF BUSINESS OR INDUSTRY NAME ON MARRIED NEVER MARRIED 7. Married 11 Under 1 Yr. If Under 24 Hrs. Manh. OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) NOW MARRIED 11 Under 1 Yr. If Under 24 Hrs. Manh. OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)
WIDOWED DIVORCED 01-24-04, lost ornady 67. OA USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Paperer-Retrod. Self Employed: MARYLAND 12. CITIZEN OF WHAT COUNTRY WIDOWED DIVORCED DIVORCE
Paperer-Retired. Self Employed MARYLAND. USA.
3. FATHER'S NAME
THOMAS J. JESSOP. S. Was Deceased Ever In U. S. Anned Forces? Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT STUDRET TESSOR SWEETAIR ROAD.
15. Wes Deceased Ever in U. S. Armed Forces? Yes, no of unknown! (If yes, give wer at doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT STUDET TESSAR SWEET ALR ROAD.
No STUNKS JESSON MED 21013
18. 38 1971-28 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR/CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the dissole,
heort failure, asthenia, etc. It means the discose injury or complication which coused death.
ANTECEDENT CAUSES (B) (B)
DISEASES OR CONDITIONS, if any, biving DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last, (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].
19A-DATE OF OPERATION 19B CONDITION FOR WINCH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II In Bullyings City eight exect legalism)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (II in Boltimore City, give exact location) OR CONTRIBUTING M CAUSE OF home, farm, factory, street, office bidg., INJURY OCCUR? OF SARGILL KOAD.
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED (21F. HOW DID INJURY OCCUR?
Supped & Fell
22. I cartify that (1) (this hospital) ottanded the deceased from 3-5: 71:19 to 3: 17:119
that (1) (we) last sow the deceased alive an 3. 17.7) 19 and that in (my) (aur) apinion death accurred an the date
and have and from the causes stoted obava. (1) (Wa) (dtd) (dtd nat) view the body after death. 23A. SIGNATURE
Malundo Hua Albegree Phys. Med. Director Phys. 3. 17.71.
NAME (Type) MAHMOOD ALIKHAM. 23D. ADDRESS
AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Mar. 19. 1971 Dulaney Valley Memorial Gans. Cockeysville. Maryland
MAR 22 1971 Robert E. Salley K.D. 25c. FUNERAL DIRECTOR John Burns Sons, Towson, Maryland
/S 150-REV, 1/1/68 / / 8 20 0 4



make and the first

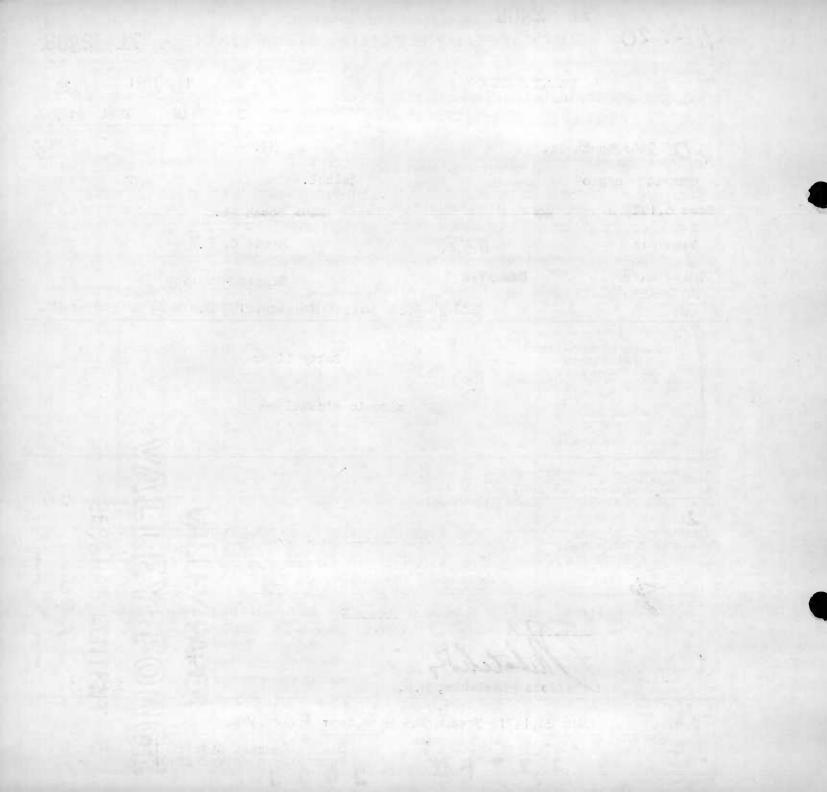
	1		HEALTH DEPARTMENT	2004						
		BIRTH NO. 520 71 2804 CERTIFICAT	- Egys							
		Type of Print) Leo Hard Jones	2. DATE AND HOUR OF DEATH	115 D						
	3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution;	residence belore admission)						
	FU	FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	Md. Worlester	7300						
	IN	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN . D. INSIDE CITY	LIMITS?						
	١.	UNIVERSITY of Mu. 105 pital	E. STREET AND NUMBER	No						
9		38 11	Koule # 2							
	5. :		lost bithdov) > Months	er 1 Yr. Il Under 24 Hrs. Doys Hours Min.						
2	10A	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1	3/26// 53	IZEN OF WHAT COUNTRY?						
	deg	RAN E-OPERATUR CONSTRUCTION	(15 MADICE A)	11 - 1)						
	13.		4. MOTHER'S MAIDEN NAME	USA						
2		- ELMERNIS JONES	TINY RITIMON	3						
	15. (Ye:	5. Was Deceased Ever in U. S. Armed Forces? [es, no of unknown] Ill yes, give west of doles of service) SECURITY NO. 1.	7. INFORMANT	ADDRESS RT2						
	_	VUS NAVY W.W. 2 217-14-8) 24 CAUSE OF DEATH	MRS. L.T. SONES SER	LUN MD						
		DISEASE OF CONDITION DIRECTLY	· ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		LEADING TO DEATH	EACarcinomy LUNG	-						
		heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.)	CONSEQUENCE OF:							
		ANTECEDENT CAUSES MILET	3 Ins							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the									
		UNDERLYING CONDITION last. (c) PREUM	non la							
	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	ATION			\$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$						
	ERTIFIC	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? Wes or No. 208. IF YES, WERE FINDING	CONSIDERED DEATH?						
	6.0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21C, WHERE DID (II In Boltimore City, given	ve exoct location)						
	CA	DEATH (notify medical examiner)	injukt occurs							
	MEDI	OF INJURY (Month! (Doy) (Yeor! (Houd) 21E INJURY OCCURRED While At Not While I	21F. HOW DID INJURY OCCUR?							
		Work At Work	<u> </u>							
		22. I certify that (i) (this haspital) attended the deceased from that (i) (we) last saw the deceased alive on 3-11-	19 1 and that in(my) (our)) opinion dea	19 7/						
		and hour and from the causes stated above. (i) (We) (did) (did nat) view the body after death.								
		23A SIGNATURE	23B, DA	TE SIGNED						
	1	Detages Affend Phys.	Director Phys.	- (7-7/						
		23C. PHYSICIAN'S NAME (Type)	D. ADDRESS							
	24A	14. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM	ATORY 24D. LOCATION (City, lown,	or county! (State)						
		BURUL 3/20/71 SUN SET MEH		las Mi						
	25A	SA DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS						
	VS	MAR 9 2 1971 Was 5 150-KEV. 1/188	offer H. Crubye /	seelin Mid						



P-536 74 2011		TE OF DEATH REG. NO.	71 2005
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	
(Type or Print) WOODLAND H	. PINNER	2. DATE AND HOUR OF DEA	51-5 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, I	l institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MD. Dorchester	NSIDE CITY LIMITS?
	PITAL	HERLOCK	YES NO P
38		E. STREET AND NUMBER	
WIDO!		8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if relired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER FA	RM	MARRIANIA	U-S, A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	B0x47
John Pinder	· _ = =	Janes Ci	JOB HURL & MI
 Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! Ill yes, give wor or dotes of serv 	icel SECURITY NO.	17- INFORMANT	ADDRESS)
UNKNOWN	217-14-8484	Mes Capuilla C	index
18. 3 73 //	CAUSE OF DEAT	- 111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	KE	ENAL FAILURE	5 dean
(This does not mean the mode of dying	e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	J Cearp
hearl failure, asthenia, etc. Il means the dise injury at camplication which caused death.)	ose,		
ANTECEDENT CAUSES	(a) HEY	ATIC FAILURE	30 DAYS
DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating UNDERLYING CONDITION lost.	(C)		
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG NAL		
O THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No) 20B, IF YES, WEI	O. PIALDIA C. COALCADER
WAS PERFORMED	or which oreachor	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If In Boltin fice bldg. INJURY OCCUR?	nore City, give exect location)
21D-TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROXI	While At Work Not While At Work		
22. 1 certify that (1) (this hospital) attend		3/9/7/ 19 7/ to 3	1/6 10.7/
that (1) (we) last saw the deceased alive		19 Z and that In (my) (asset 6	pinian death accurred on the date
and haur and from the causes stated abov	,		the contract of the dollar
23A. SIGNATURE	- > 0		23B, DATE SIGNED
Charles fluels	CLU DEGREE Phys	Med. Staff Director Phys.	3/16/7/
23C. PHYSICIAN'S NAME (Type) T. NOTA	lo R	ADDRESS War Nasp.	Bolto, Mid
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	City, town, or county) (Stotel
Bux 141 3 120/71	1. Jack Gust	111 /	D
25A. DATE REC'D BY HEALTH DEPT. 25B. MAN	MAS NINGTO	25C. FUNERAL DIRECTOR	Pa ADDRESS 134
MAR 22 BY USSON EN TO	Mark Comments	OSB Bahill FH	EACTON, Med.
VS 150-REV. 1/1/6B			

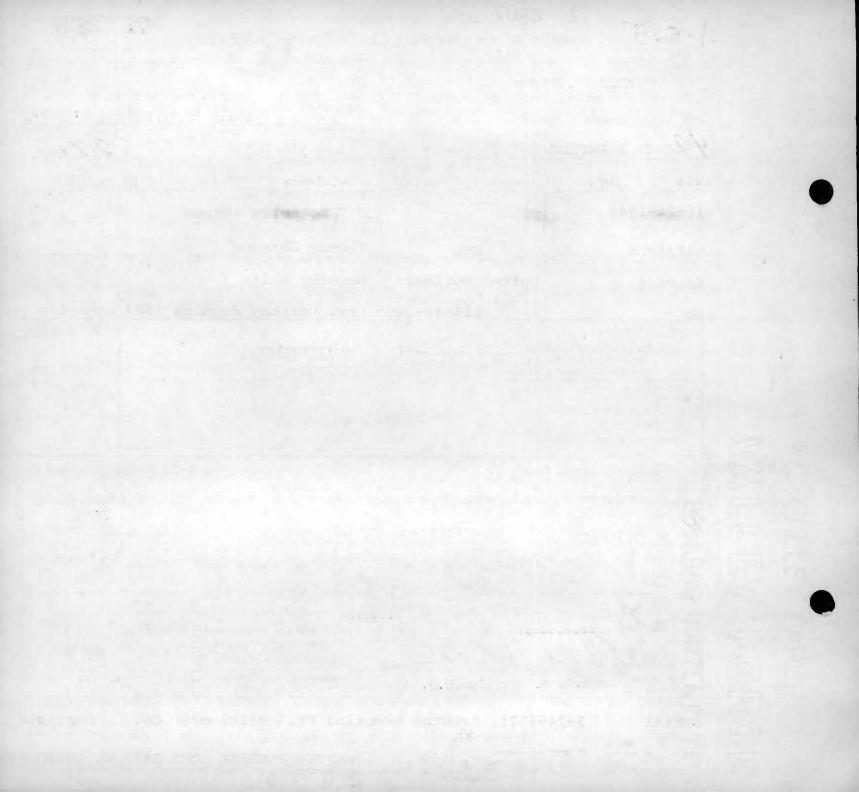


	. 1	7:	Lá	280	S .	BALTIMORE CITY HE	ALTH DEPA	RTMENT						
1	11-620)	MED	ICAL	EX	AMINER'S	CERTIFI	CATE	OF	DEAT	H REG N	. 71	. 2	808
	TH NO.												F	
1. NAME OF DECEASED (Type or Print) ORLEN MERRICK				2. DATE OF	Known Estimoted		Month	16,	1971	or Ho				
4. 1	PLACE IN BALTIM						DEATH 3. DATE	Estimored	YZJ	Month	Doy	- 1	or Ho	0:25 A M.
FUL	L NAME OF		HOSPITA	LORINS		N, GIVE STREET	PRONO	UNCED DEAD		3	16	19	71	8:25 a _{м.}
C	2105	5 Bookh	St.				A. STATE	RESIDENCE (W	Mere	deceosed liv	B. COUNT		2	odmission)
6. 5	SEX 7.	RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	female	negro		WIDOW	/ED 🗌	DIVORCED _	Balto . YES 🔼 NO 🗌							
	PT 6, 1927	los	AGE (In	y eors		er I Yr. If Under 24 Hrs. s Doys Hours Min.	E. STREET	2105 Bo		h St.				
11.	VIRGINIA	or foreign c	ountry)		WI	TIZEN OF	13. FATHER		NR'	y C. E	LY	M		74.7
14A	USUAL OCCUPAT	ION (Give kin	d of work	4B. KIND		JSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN	NAN	\E				
don	during most of work	ing lite, even i	fretired)	Doм	EST	1 C		BE	SS	IE MAD	DISON			
	WAS DECEASED s, no or unknown) (If s					7. SOCIAL SECURITY NO 220-24-3025	18. INFOR	MANT MERRIC	:к,2	2105 B	оотн Ѕ	ADDRESS		RE,MD.
	19. 4 - 7/	0.	7			CAUSE OF DEA	ATH							MATE INTERVAL
П	DISEASE	R CONDITIO	N DIREC	TIV									BEI WEEN C	DNSET AND DEATH
		DING TO DE				(A)IMMEDIATE	CAUSE F	atty liv	er					
	(This does not r heart foilure, ost injury or complic	henio, etc. It n	neons the	diseose,			AS A CONSE	UENCE OF:		~~~				
	injury or compile	.onon which co	oosea aeo	,		oha	conia a	lcoholis	****					
	DISEASES OR	CEDENT CAL		CIVING		(B)		QUENCE OF:						
	RISE TO THE AR	BOVE CAUSE	(A) STAT	ING THE		552 10, 0 K	AJ A CONSI	QUEITCE OI.						
Z	UNDERLYING	CONDITION	LASI.			(C)								
CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO	THE TERM	INAL									
RT						HICH OPERATION W	AS PERFORI	AED .				21. A	UTOPSY?	(Yes or No)
21. A DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED								yes						
228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exect location)														
ED	UNDERLYING CAUSE		B-		nome,	form, foctory, street, offi	ce blag., erc.)	NJURY OCCU	rKr					
Σ	22D. TIME (Mo	nth) (Doy)	(Year) (Hou	′	E.INJURY OCCURRED		22F. HOW DIE	INI	URY OCC	JR?	TO THE	11 15	
	(APPROX.)				m. WH		WHILE							
	23. I certify	that I held	on I	nquiry [Inspection A	itapsy X	and that	an th	is basts,	death in r	ny apinlo	ın	
	resulted	from: Nert	ral can	S X	Acc	cldent Suici	de 🗌 H	amicide 🔲	ι	Jndetermi	ned manne	er 🗌		
	CHIEF MEDICAL EXAMINER DAYE SIGNED													
	ACTUAL SIGN ATURE		111	Ma	Tus	and M.I	ASS	ISTANT MEDIC	CAL E	XAMINER	X		541	L SIGIVED
	EXAMINER'S	SA	sido	ce Mi	hala	akis, M.D.	ASS	OCIATE MEDIC	AL E	XAMINER		3	/16/	71
	BURIAL CREMAT		DATE			NAME of CEMETERY	ar CREMAT	ORY :	24D. l	OCATION	(City, to	own, or co		(Stote)
KE	WOVAL (Specify)	MA	AR 20	,197	S	ECOND NEW H								
25/	LATE RECOBY	REALTH DEF	200	25B. N	AME C	OF REGISTRAR	25C. BA	FUNERAL DIR	ECTC N R R	R SE	RVICE	ADDRES 1207	S VHITE	ST
	MAN ZO	13/1	200	13	100	R.C.	1 FR	EDERICK	SBU	IRG, VA	. 2240	<u> </u>		
V 2	151-REV. 1/1/6B					70	60	0	1					



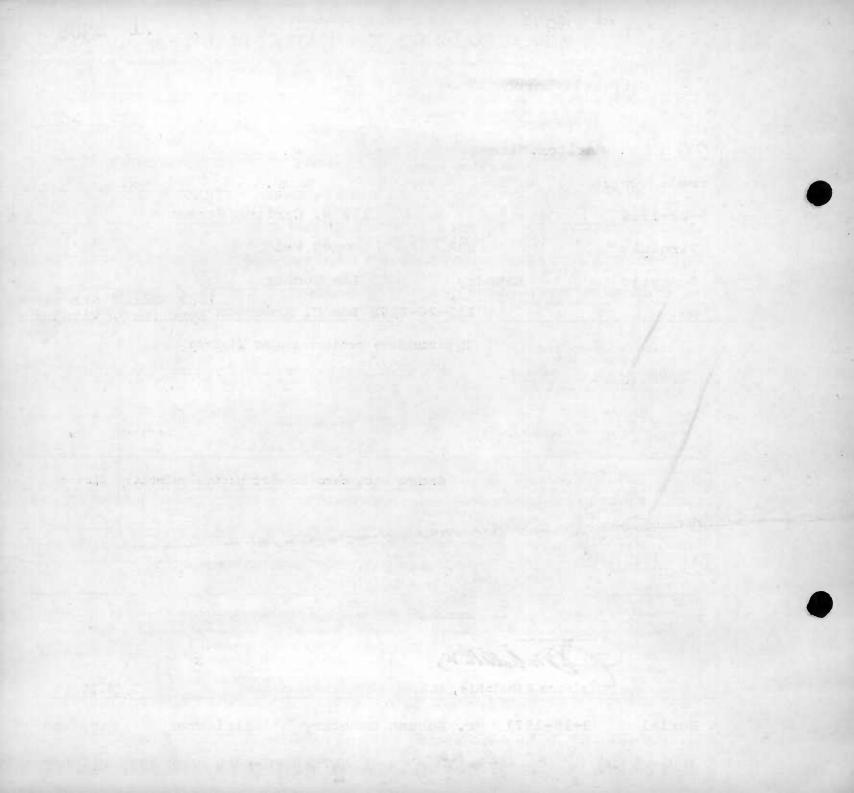
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NUTTER FUNERAL HOME 3035 W. NORTH AVI



VS 151-REV. 1/1768

NUTTER FUNERAL HOME 3035 W. NORTH





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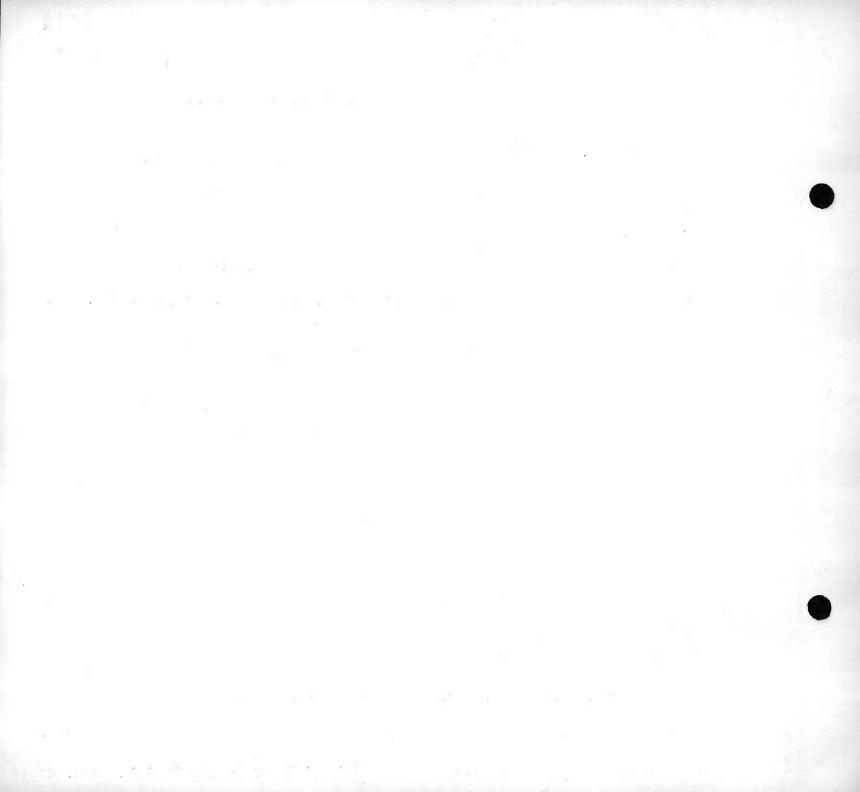
BURIAL MAR BARTI ST STANISLANG CEM. DURANKANE BALTU

QUERT BRES IN 1800 E LENGEN 2 ST

IMPORTANT

FUNERAL DIRECTOR:

BIRTH		71	2811		HEALTH DEPARTM		71	2811
	ME OF DECEASED	Alvarin	e Dav	'idson		March 17, 197		415
FULL	NAME OF (IF		L OR INSTITU	JNCED DEAD	A. STATE	E I Where deceosed lived. If		ence before admission)
INSTIT	UTION	Green Nu		Hans	C. CITY OR TOWN Washing	gton	YES 🔀	S? NO 🗌
/ (irstrig i	- Inorne		& Nebraska	Sts.	
	6. RACE	W	MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 3-7-1897	9. AGE (In years last birthdoy)	II Under 1 Months Do	Yr. If Under 24 Hrs. Ys Hours Min.
H(omemaker	(Give kind of work e, even if retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Illinois	or foreign country)		OF WHAT COUNTRY
Jo	ther's name ohn Conkli				14. MOTHER'S MAID Emma	Lowry Howel	l	2378
15. Wei (Yes, no	or unknown) (If yes,	U. S. Armed Force give wor or doles	of service)	16. SOCIAL SECURITY NO. 579-60-9682	17. INFORMANT T Mrs. Ke	enneth E. Coc		to.,Md.
This does not meen the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is a lot the abave cause (A) staling the UNDERLYING CONDITION tast OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								0 1967
	ACCIDENT WAS	WAS PERFO	RMED		20A. AUTOPSY? (Ye	IN CERTIFYING C	FINDINGS COL	NSIDERED TH?
OR	ACCIDENT WAS CONTRIBUTING ATH (notify medical	CAUSE OF	home elc.)	PLACE OF INJURY (e.g., in form, foctory, street, off	ice bldg., INJURY OCC	DID (If in Boltim	ore City, give exc	act location)
OF (AP	PROX.)		While Wark			ID INJURY OCCUR?	17 74	1 ~/
tha and 23 A	PHYSICIAN'S	v the deceased	datave (1)	(We) (did) (did not) vi	ew the bady after d	Staff Phys.		
	URIAL CREMATION, MOVAL (Specify) Unial		24C. NA/	ME of CEMETERY OF COST	MATORY		City, town, or cou	unty) (Stote)
MA	IR 22 1971		R NAME OF		25C. FUNERAL DIR	lenkins & Son	S COp.	ADDRESS



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY	HEALTH DEPARTMENT 71 2912
C-200 71 2812 CERTIFICA	TE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WX, Voroshea LIFE	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland Baltimore 908
NOTUTICAL	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NO T
44 UNON Memorial Hosp.	E. STREET AND NUMBER
	623 Cokesbury Ave
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday) If Under 1 Ye. If Under 24 Hrs. Months! Days Haurs; Min.
Temak white WIDOWED DIVORCED	07-07-191 91
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired)	1 1
HOMEMAKER OWN HOME	Maryland USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John Horichs	many Gutman
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give war or dates of service] 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	MRS. Caroline L. Burgess 605 Cokes Sury
18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Acute	c Pulmoniany Edema
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CALL (DUE TO, OR AS	JSE A CONSEQUENCE OF:
1 A P SA	rio se levofie Carliovasuntar
ANTECEDENT CAUSES	Drease
DISEASES OR CONDITIONS, If any, giving DUE-TO, OR AS	A CONSEQUENCE OF
rise to the above cause (A) stating the UNDERLYING CONDITION last.	ogestive Heard Pailure
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	profile Consumptive Congulope thy
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OFERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121B. FLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B FLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF home, farm, factory, street, of DEATH Inotify medical examined	fice bidge INJURY OCCUR?
OF INJURY OCCURRED While At I Not While	215 HOW DID INJURY OCCUR?
While At Not While At Not Work	
22. I certify that (I) (This hospital) attended the deceased fram	2/2 197/10 3/19 197/
that (1) (m) lost sow the deceased alive on 3/9	19 ond that in (my) (60r) opinion deoth occurred on the date
and hour and from the couses stated above. (1) (Ha) (did) (did not)	
23A. SIGNATURE	238, DATE SIGNED
	ending Med. Staff 7 / 9 / 7 / 8.
	23D. ADDRESS
HAME HYPER H. Lav Cotman, M. D. DEGREE	Union Memorial Hosp.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR.	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3-22-1971 Baltimore Cer	metery Balto., Md.
25A, DATE REGOD BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAR 22 1971 P.S. B.E. Falls M. M. O. O.	H. Wos Jenkins & Sonsafto:, Md. 21212
VS 150-PEV TA /68	

TIES ELL O	BALTIMORE CITY	HEALTH DEPARTMENT		PU O LO
1-652 71 28	17	TE OF DEATH	REG. No	/1 2813
1. NAME OF DECEASED			HOUR OF DEATH	30_
JOSEPH C, IRAL	WINSKI	3-21-	1911	1 11-3-4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUN CED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	leceosed lived. If instit	ution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARYLAND		2611
		BALTIMORE		CITY LIMITS?
6125, EAST AVE		E. STREET AND NUMBER		No.
5. SEX 6. RACE 7. seans	RIED NEVER MARRIED		TAUL	
MIDO!	WED DIVORCED	1/2/1919	7-9	Under 1 1/4 If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN dane during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
WE	STINGHOUSE	MARYLAND		115A.
13. FATHER'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S MAIDEN NAME		
SHOW SOME SHOWING K	1	ANNA SI	OMUR	
15. Was Deceased Ever in U. S. Armed Falces? (Yes, na ar unknown) (If yes, give war or dates of serv	lee) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.	2/103-035 4	WAMPA TRAWI	NSK1 612	
DISEASE OR CONDITION DIRECTLY	ONOIL OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	se Terminal	C.A.	ane Year.
heart failure, asthenia, etc. It means the dise injury at complication which caused death.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	0.0	al Luna		One your
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF		une gear
uise to the above cause (A) stating UNDERLYING CONDITION last.	the (c)	nous.		
7 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL ///	me		
DISEASE OF CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No.) 2	OR IF YES WERE FINE	NGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OP OPERATION 1995. CONDITION F WAS PERFORMED 214. ACCIDENT WAS UNDERLYING		11	CERTIFYING CAUSE	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in home, form, fociory, street, off elc.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimare Ci	y, give exact location)
O 21D-TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	(2)	-(
OF INJURY (APPROX)	While At - Not While			one.
22. I certify that (I) (this hospital) attended	11.00	-14-70· 19	to 2-2	^ 7 (
that (1) (we) last saw the deceased alive				death accurred an the date
and hour and from the causes stated abave	o. (I) (WW) (did) (did not) vi	ew the body after death.	A STATE OF THE STA	a a a a a a a a a a a a a a a a
23A. SIGNATURE				DATE SIGNED
ZIC. PHYSICIAN'S	DEGREE Phys.	ding Med. Stoff Phys		3-22-71
23C. PHYSICIAN'S NAME (Type)	2	841 CE	as I du	2 Rolf. 1102
24A. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LOCA	TION (City to	Iwn, ar caunty) (State)
BURIAL 3/24/11 1	DLYROGARY A	EM DUNI	DAIK M	DRVI DINID
25A. DATE REC'D AY HEALTH DEPT 25B. NAA		25C. FUNERAL DIRECTOR	1/2/1 ///	ADDRESS
/S 150-REV. 1/1/68	EBON M. A.	OPHNM. WEBERT	SONSING, 4	615.CHESTERS



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 1.55 4. USUAL RESIDENCE (Where deceased lived. If institution: residence D. INSIDE CITY LIMITS? YES [NO Il Under 1 Yr. Manihai Days Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? AMER ADDRESS 2813 CHENEAK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (il in Baltimare City, give exoct location) and that in (my) (aur) apintan death accurred on the date (City, town, or county)



31-05-75

2815 BALTIMORE CITY	HEALTH DEPARTMENT	MA 0-15
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO	71 2815
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Type or Print Rose W. Blank	3-18-71	1230 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland D. INSI	DE CITY FIMITS?
Baltimore City Hospital	Baltimouse E. STREET AND NUMBER	YES NO NO
/4940 Easterb Ave. Baltimore, Md. 21224	4304 E Lombard	St 21224 00°
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10 -22-91 9. AGE (In years birthday) 79	ff Under 1 Yr., It Under 24 Hrs., Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
one during most of working life, eyen if refired) HOUSEWITE	Maryland	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-1
Roscet Joseph Treusch.	WAlburgA.	
5. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern	
215-01 - 76-74 lis. CAUSE OF DEAT	BCH Records: Baltimore, Md	21224 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		SETWEEN ONSET AND DEATH
LEADING TO DEATH	ISE Landine Failure	15 wears
(This does not mean the mode of dying, e.g., DUETO, OR AS	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES	Ty Heart disease & mutine sterou	o denull > 20 years
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS		Fr & 3 days
rise to the above cause (A) stating the UNDERLYING CONDITION fast	il segmont colon - evanuting of	tool 5 congs
11	Shoul India	WC -
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	unbrid.	
19A-DATE OF OFERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED PLY OF THE PROPERTY OF	NO 20A AUTOPSYS (Yes or No.) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. FLACE OF INJURY (e.g., form, foctory, street, or DEATH Inofily medical examined	n of about 21C, WHERE DID (If in Boltimore Bidg, INJURY OCCUR?	s City, give exact location)
Q 21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJUST 3 18 7/ 2 While At Not While At Work At Work		
22. 1 certify that (1) (this hospital) attended the deceased from	3-16- 19 7/ to -	3-18 1971
that (1) (we) last saw the deceased alive on 3-18	· ·	nion deoth occurred on the date
and hour and fram the causes stated above. (1) (We) (did) (did not)	riew the body after death.	
23A. SIGNATURE	ending Med. Staff	23B, DATE SIGNED
DEGREE Phy	s. L. Director L. Phys. L.	3-18-71
NAME IType)	230. ADDRESS Baltimore City Hosp	
Donald W. Bryan M.D. DEGREE	4940 Eastern ve. Baltimore	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	1. 1 8.1/	ly, town, or countyl (Stotel
BURIAL MAR 20, 1971 BACKED HA 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	25C-FUNERAL DIRECTOR	ADDRESS
MAD 69 1071 Q.C. A C.ZA. Se Do	Change of the Clor	2/3 5.1
VS 150-REV. 1/768	John Janne	AGS DICONICHING

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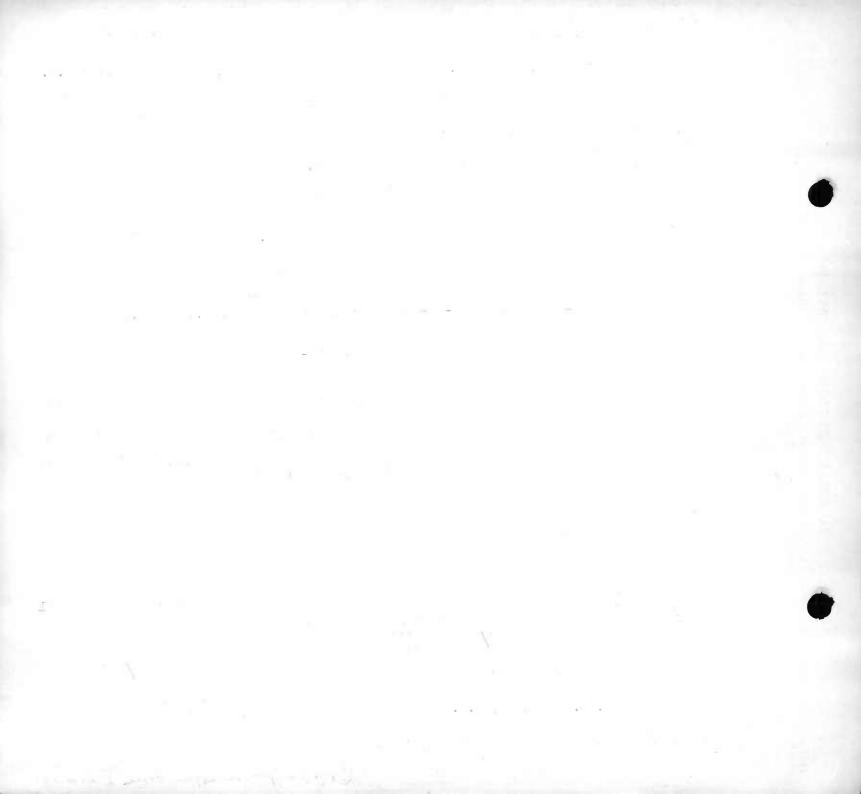
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

9:15 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES T NOF II Under 1 Yr. Manths! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Md 21218

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 2 days 10 years 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact location) March 10thand that In (mg) (aur) apinian death occurred an the date 238. DATE SIGNED 3/11/71 (City, town, or equaty) ADDRESA 1200 Harfor

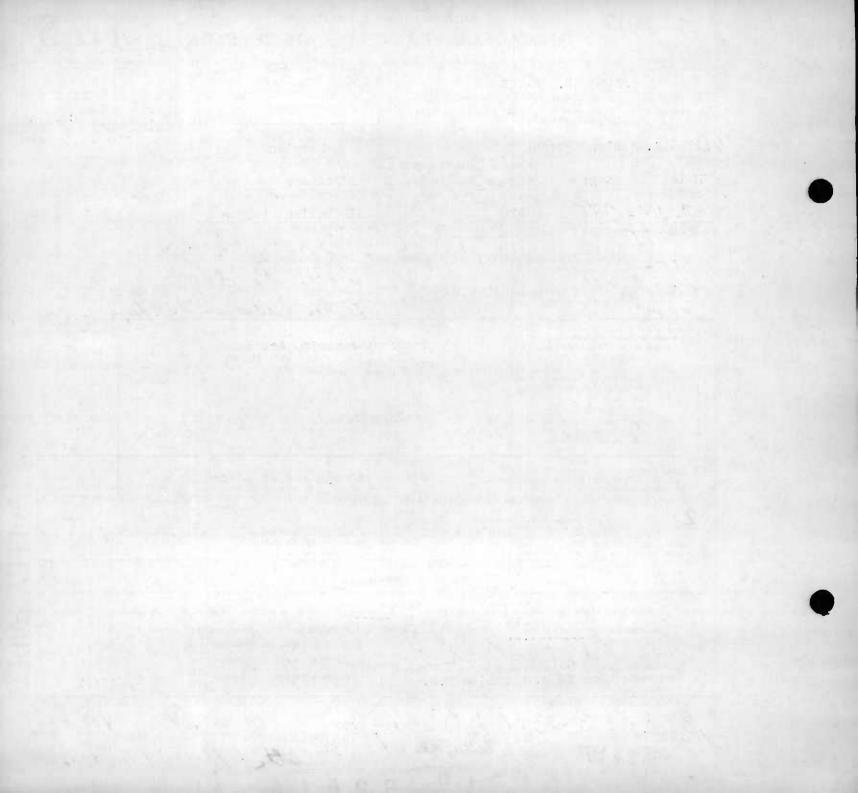
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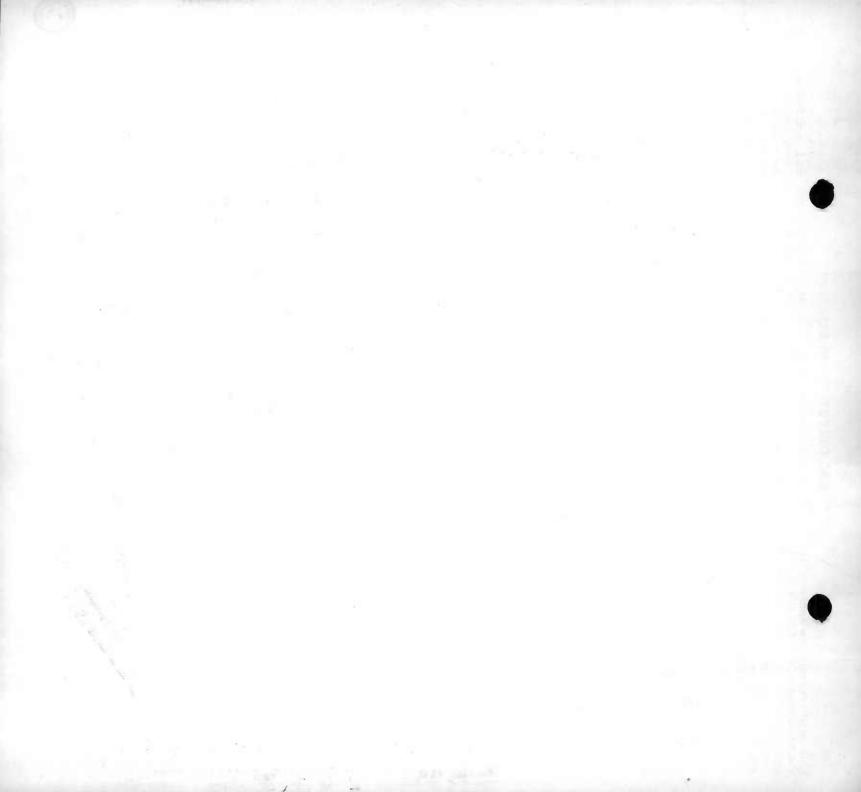
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	BALTIMORE CITT HEALTH DEFARTMENT	
AFDICAL	EVALUATEDIC CENTIFICATE OF DEATH	1714

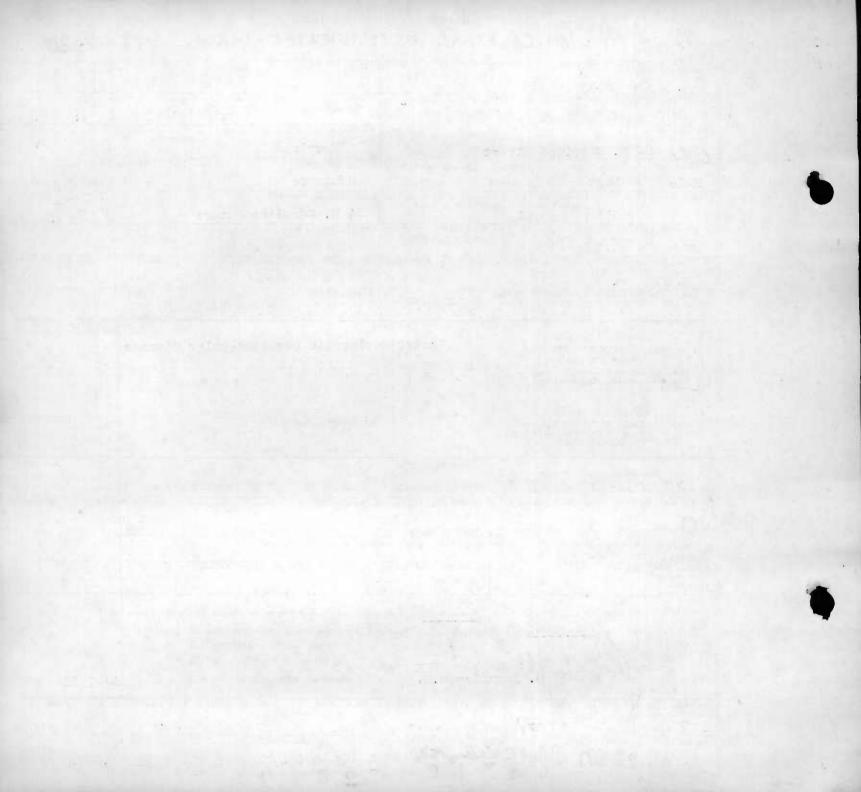
	11 0	OT	MAED	ICAL	EVA	AAINIED'C	CEDT	IEIC	ATEO	E DEAT	ш	17.4	2017
BIR	TH NO.		MED	ICAL	EXA	MINER'S	CERT	IFIC	ATEO	r DEAT	REG. NO	11	COL
1. 1	NAME OF DEC	CEASED					2. DA	TE	Known 🔲	Month	Doy	Yeor	Hour
(Typ	e ar Print)	JAMES	P. 1	DAVIS			DEA		Estimated [м.
4.	PLACE IN BAL	TIMORE, MAR			ONOUN	CED DEAD	3. DA			Manth	Doy	Year	Haur
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	AL OR INST	ITUTION,	GIVE STREET			NCED DEAD		16,1971		2:05 PM.
/ /							A. STA		SIDENCE (Who	ere deceosed l	ved. If institution: B. COUNTY	residence b	befare odmissian)
6	1/46 E.	Ashland	l Aven	ue				J	laryland			1	0 4
6.	SEX	7. RACE		B. MARR	IED 🗌 N	EVER MARRIED][C. CIT	Y OR T	OWN		D. INSIDE CIT	Y LIMITS?	
1	Male	Negr	0	WIDOW	ED 🗌	DIVORCED	Э∥ В	alti	imore		YE	s 🗆	NO 🗆
9. [DATE OF BIRT	H	10. AGE (Ir	years		1 Yr. If Under 24 Hr	s. E. STR	EET A	ND NUMBER				
	5-18	-28	lost birthdo	^{y)} 42	Manths	Days Haurs Mi	0 -	3 Ru	tland A	venue			
11.	BIRTHPLACE	late or foreign	n country)		12. CITIZ	EN OF			NAME	10			
	1	1			WHA	COUNTRY		4	mi	17	wis		
14A	USUAL OCCU	PATION (Give	kind af work	14B. KIND	OF BUS	INESS OR INDUST	RY 15. MC	OTHER'	S MAIDEN N				
	e during most of v							100	tio Vi	0 '0.			
16	WAS DECEAS	ED EVED IN I	15 APMET	FORCES	2 17	SOCIAL	IR IN	FORM	ANT	2100	AD	DRESS	
	s, no ar unknawn					SECURITY NO.	4	7/	- 19	11:01	3509	9.	10. 12.
-5	19.					CALLET OF DE	OSE	in	ce ca	us - 9	0000	Lucel	PPROXIMATE INTERVAL
	7.48	51/				CAUSE OF DE	AIH						VEEN ONSET AND DEATH
		E OR CONDI		CTLY		Bronc	hopne	umor	ia, Acu	ite			
	4	LEADING TO				(A)IMMEDIATI							
	heort foilure	of meon the r , osthenio, etc.	It meons the	disease,		DUE TO, O	R AS A CO	NSEQU	ENCE OF:				
	injury or con	nplicotian which	h caused dec	ath.)									
	Af	NTECEDENT C	CAUSES	- 4		(p)							
	DISEASES	OR CONDITIO	ONS, IF ANY			DUE TO, O	R AS A CC	NSEQ	UENCE OF:				
	RISE TO THE	E ABOVE CAU	JSE (A) STAT ON LAST.	TING THE									
Z						(c)	*****						
CERTIFICATION	OTHER SIGN	I IIFICANT CON	II	ANTRIBIIT	ING								
S	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM		Fatty	Metam	orpl	nosis of	Liver			
E		CONDITION			EOP WH	ICH OPERATION	MAS DEDE	OPME	n			21 AUTO	PSY? (Yes ar No)
Ü	7	OI EKANON	200. CO1	VIIIOIV	OK WIII	ICH OF EKAHON	THAS FERT	OKML	.0			21. 4010	
ب.	22A. FXTER	1141 @411em 1	1000		000 Bl 4			Loo				1	yes
$\overline{\circ}$	UNDERLYING	NAL CAUSE Y			home, lar	CE OF INJURY(e., m, foctary, street, of	j., in or ob fice bldg., e	tc.) IN	JURY OCCUR	(It in Boltimo	ire City, give exac	et lacation)	
岛	UTING CA	USE OF DEAT	TH.										
Σ	OF INJURY	(Month) (De	ay) (Year	r) (Haur		NJURY OCCURRE		22	F. HOW DID	INJURY OCC	UR?		
	(APPROX.)				m. WOR		WORK [
	23.						г	77					
		ify that I he		nquiry L		0-00	utapsy				deoth in my	-	
	resul	ted from: No	etural cau	ses X	Accie	dent Suid	ide 🗌	Hon	nicide 🗌	Undeterm	ined manner		
		V	1	1.1	1.	1		C	HIEF MEDICA	L EXAMINER			DATE CICNIED
	ACTUAL		ed	WV	. 6	1	0	AS SIS	TANT MEDICA	LEXAMINER	x		DATE SIGNED
	SIGNAT		and N	Van	ab I um		.D.	ASSOC	CIATE MEDICA	LEXAMINER		0/-7	1=-
	NAME (1		nald N	. Kor	no Lun	1,M.D.		~500		- LANGUAGE		3/17	//1
	A. BURIAL CRE		4B. DATE		24C. N	IAME of CEMETER	Y ar CRE	MATOR	RY 24	D. LOCATION	(City, tawn	, ar caunty)) (State)
RE	MOVAL (Speci	Ty)	3 - 2:	27/	1/2	+C.O.	1	me 1		A (1	(It-	7	no.
25	A. DATE REC'D	RVHEATTUR) TOC	250 NI	AMERICA	REGISTRAR .	7)5C EI	JNERAL DIRE	CTOP	AI AI	DDRESS	
25				25B. N	3.0	AL AL	/	6	A C A	LIUK 1) , A	2 77	7. 1. At
	MAK	22 197	Cos	All and and	-3			e	lest	J.A	1/29	11.6	ackness.
VS	151-REV. 1/1/66	3		7 1	7 1	000) 0	Ω	1 6				



BIRTH NO. 1. NAME OF DECEASED (Type or Print) Nannie L. Jackson 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION Lutheran Hospital CERTIFICATE OF DEATH March 16, 1971 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis 8. COUNTY Maryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO
Nannie L. Jackson 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Nannie L. Jackson March 16, 1971 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis R. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION ADDRESS OR LOCATION) J. INSIDE CITY LIMITS?
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARY ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
D. Train
E STREET AND AUGUST
Baltimore, Maryland 2747 Rayner Avenue
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 1 if Under 1 Yr. If Under 24
Female Negro widowed Divorced 1/- 21- 1910 lost birthdoy) Months; Doys Hours Mi
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 BIOTHELACS (Supplemental)
Gone during most of working life, even if relired
VIIGINA
Analis I
Archie Logan Mariah Woodson
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.
0 217-14-6058 Mr. John Jackson 2747 Rayner Avenue CAUSE OF DEATH APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.
ANTECEDENT CAUSES COMPANY PORT
(B) CUCINETING // USAIIM
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
UNDERLYING CONDITION last, (C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
C IDISEASE OR CONDITION GIVEN IN PART 1 (A)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Oct, 70 Ca Rectum
218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID (if in Bullimore City, give event lecoling)
OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY While At No! While
Work At Work
22. I certify that (I) (this hospital) attended the deceased from
that (1) (we) last saw the deceased olive on
and hour and from the causes stoted above. (I) (We) (did not) view the body ofter deoth.
23A. SIGNATURE
Millia & Control Attending M. Med. Shaff
Operated Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Dir
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
Wm. R. Lumpkin M. Poegree 1114 St. Paul AT Balto Tha
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole
Burial 3-19-71 Arbutus Mem Park Baltimore, Maryland SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR ADDRESS
MAK 22 19/1 Water E. Jacker R. A. Arlington S. Phillips 1727 N. Monroe Str



71 2820 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	71 2820
BIRTH NO.	The same of the sa	
1. NAME OF DECEASED (Type or Print) AL VANO ARBANA) ORTIZ	2. DATE Known Month Doy OF DEATH Estimoted	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 21,1971	9:00 A.M
	5. USUAL RESIDENCE (Where deceosed lived, If institution: A. STATE, B. COUNTY	residence before odmission)
) 34 N. Caroline Street	Maryland	301
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro widowed □ Divorced □		NO O
9. DATE OF BIRTH 10. AGE (In yeors 7 If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
1908 64	34 N. Caroline Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
PUETO RICO WHAT COUNTRY?	UNKHOWN	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired) Seamon	UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Wihlemia Ortiz 310 E 2	264 61
19. CAUSE OF DEA		APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
	osclerotic cardiovascular disea	ise
LEADING TO DEATH (A)IMMEDIATE	CAUSE	
heort toilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR	AS A CONSEQUENCE OF:	
2 (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		no
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in or about 22C WHERE DID (If in Boltimore City, give ever	
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exocee bldg., etc.) INJURY OCCUR?	, reconony
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE NORK	
23.		
I certify that I held on Inquiry Inspection X Au		•
resulted from: Notural couses X Accident Suici	de 🗌 Homicide 🔲 Undetermined monner 🗌	
() $()$ $()$	CHIEF MEDICAL EXAMINER	DATE SIGNIED
SIGNATURE MEDITAL MAIN MAIN	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	2/21/71
NAME (Type)	ASSOCIATE MESICAL EXAMINATION	3/21/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
Trund 3-24-71 Mt. Colvery	Cens Anne Anno	1 Cty, Md,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
MAR 22 1971 Pole & E. Jaben Ma.	WAS C. MARCH 928 E	= North Are
VS 151-REV. 1/1/68	28 9	



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71	2822			HEALTH DEPARTMEN	•	71 2022	
BIRTH NO.	ASED		CERTIFICA	TE OF DEAT		The Control of the Co	
(Type or Print)	dward A	000	nish	2. DA	TE AND HOUR OF DEATH	1745	-1
3. PLACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution; residence before adm	M.
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	HEON CIVE STREET	A. SIAIE B.	COUNTY	$\nabla \Lambda \Delta$	
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Maryland c. City or town	D. IN	SIDE CITY LIMITS?	
3/	Baltimore			Baltimore		YES NO	
	4940 East			E. STREET AND NUMI		//	
5. SEX 16	Baltimore			8. DATE OF BIRTH	ond St., Balto		
Male	Negro	WIDOWED	NEVER MARRIED	6-3-07	9. AGE (In yeers lest birthdey)	Menths Doys Hours A	4 Hrs.
IOA, USUAL OCCUP	ATION (Give kind of wor	LIOB. KIND OI	DIVORCED STATES		63	12. CITIZEN OF WHAT COL	INITRVA
dene during mest of wo	orking life, even it retired)		ehem Steel	Maryland		U.S.A.	MIKT?
Steel Wo		De CIIT	enem preer	14. MOTHER'S MAIDER	U NI A AAE		
111233 0					A INCHIE		
Will Co	onnish ver in U. S. Armed Fa If yes, give wor or date	rcos?	1 6. SOCIAL	Jane 17. Informant		ADDRESS	
1	f yes, give wor or date	es of service)	SECURITY NO.		4940 Eastern	n Avenue	
NO	016		CAUSE OF DEAT	BCH Records:	Baltimore, 1		
1- 27- 10	OR CONDITION DI	RECTLY	UNDER OF BEAT		. ~	APPROXIMATE INTER	
Li	EADING TO DEATH		(A) IMMEDIATE CAL	ISE Bacter	ial Preum	onia One ma	the
heart foilule, as	mean the mode of sthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	*****************		201
	icalian which caused	11177712	0	1	1	1 1 2	
	CONDITIONS, if		(B)	A CONSEQUENCE OF:	ular acció	Conos.	
rise to the	abave cause (A)	stating the	(c) ASC V	A CONSEQUENCE OF:		Several yo	
UNDERLYING	CONDITION last.		(c). 170 C	<i>4</i> 2		acieral yr	J,
OTHER SIGNIFIC	II ANT CONDITIONS CO	NTRIBITING					
E TO THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
19A. DATE OF O	PERATION 198. CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes	er Nel 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
ac U	WAS UNDERLYING			NO			
	NG CAUSE OF	hem alc.)	PLACE OF INJURY (e.g., in a, farm, fectery, street, af	fice bldg., INJURY OCCU	ID (If In Baltimor	e City, give exoct lacetien)	
O 21D. TIME (/	Menthi (Doyl (Yeori		INJURY OCCURRED	038	•		
OF INJURY	Logi Licon	Whi	te At Not While	21F. HOW DIE	INJURY OCCUR?		
	. 46. 6.1.	Wor				/	
	at (this hospital		e deceased fram	127/24	19 7/ ta3/	2/ 197	
	st saw the decease			197 an	d that in-(any) (aur) api	nian death accurred an the	date
23A. SIGNATURE	ram the causes stat	ed abave.) (We) (did) (did) v	iew the bady after dec	oth.	lead DATE digital	
Tin	ne10.	8/4		nding Med. [Shaff [238 DATE SIGNED	
23C. PHYSICIAN	S	odere	DEGREE Phys	. L Director L		121/71	
NAME (Type		mie M		JIBa	imore City Hos		
24A. BURIAL CREMA	Russell Har	24C.NA	ME of CEMETERY of CRE	MATORY 124	Ave., Balto.		tal
REMOVAL (Spe Burial	3/25/7						161
25A. DATE REC'D BY	HEALTH DEPT.	258. NAME O	Calvary Ce	metery A	nne Amundel	Cty., Md.	
MAR	2 1971 006	Les E. Jo	uben tell	Wm & Marc		orth Ave.	
/S 150-REV, 1/1/68					T 000 E. M	OT OIL WAR	

IMPORTANT

FUNERAL DIRECTOR:

of death Deceased and

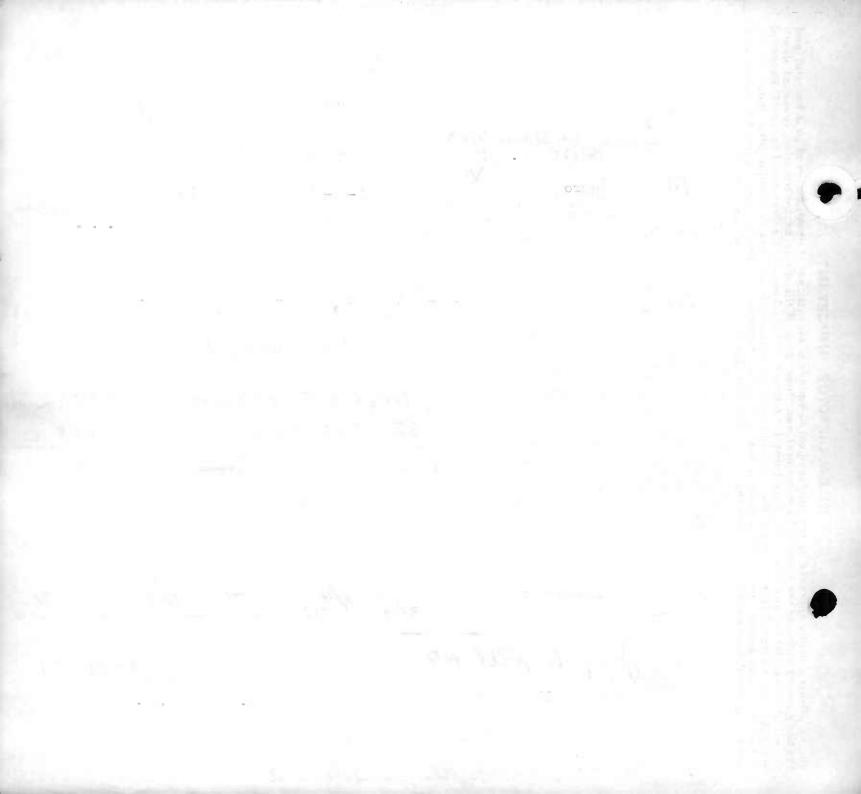
N	20	171	202
BIRTH I	NO.	11	-COA
	-		

EG.	NO	71	2823

MORTH

1///	ATE OF DEATH REG. NO.	2820					
1. NAME OF DECEASED (Typo or Print) STRPHEN E. DEA	2 DATE AND HOUR OF DEATH	12 NOON					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution A, STATE B, COUNTY	n: rosidence before admission					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland	2739					
3/ 4940 EASTERN AVE	C. CITY OR TOWN D. INSIDE CITY BOLK. YES						
5. SEX A. RACE 7. MARRIED V NEVER MARRIED	4533 Marble Hall Road 212						
Wale Negro WIDOWED DIVORCED	1 11-22-32	nder 1 Yr. II Under 24 Hrs hs Days Haurs Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST dane during most of working life, even if refired)		TIZEN OF WHAT COUNTR					
CLERK Auto Supply	Maryland 14. Mother's Maiden NAME	0,5,7,					
		TONIES					
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS					
(res, no of unknown) (If yes, give war or dales of service) SECURITY NO. 212-30-1447	Records: BCH-4940 Eastern Ave.	21224					
18. 3 6 9.71 CAUSE OF DEA	****	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE RIEGPIRATORY ARREST SA CONSEQUENCE OF:	5 MINS.					
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease,	S A CONSEQUENCE OF:	3 M/N3.					
Injury or complication which caused death.)							
ANTECEDENT CAUSES (B) (B)	ESISTRUT HYPOTENSION AS A CONSEQUENCE OF:	8 HRS.					
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	- BLERDING	8 HRS.					
	NAMY EDBURA, PORTE	14 EAR					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (CO.)	20A. AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED YES					
OR CONTRIBUTING CAUSE OF home, (arm, factory, street, etc.)	in or obout 21 G. WHERE DID affice bldg. INJURY OCCUR? (If In Baltimare City,	give exect location)					
21D.TIME (Month) (Doyl IYear) (Haur) 21E INJURY OCCURRED While At Not Work At Wo	21F. HOW DID INJURY OCCUR?						
22. I certify that (1) (this hospital) attended the deceased fram							
The state of the s							
and hour and from the causes stated above, (1) (We) (did) (did not)							
Joseph Rell MD A		3 - 19 - 7 /					
23C. PHYSICIAN'S NAME (Type) Joseph Roll	23D. ADDRESBaltimore City Hospitals						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY OF C		c, or cauntyl (State)					
REMOVAL (Specify)	DE CEM Reisterstonin						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
Act as fell 10 70 10 10 10 10 11 11 11 11 11 11 11 11 11	NIMO, CO MARCH 928 E	NORTH A					

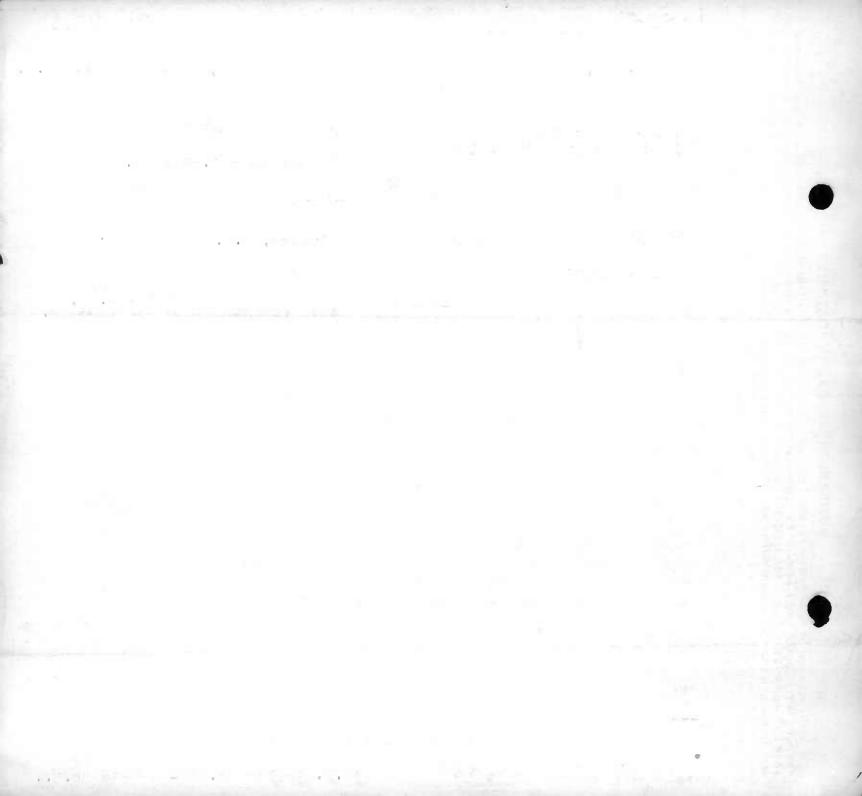
This cortificate shows: (1) the body



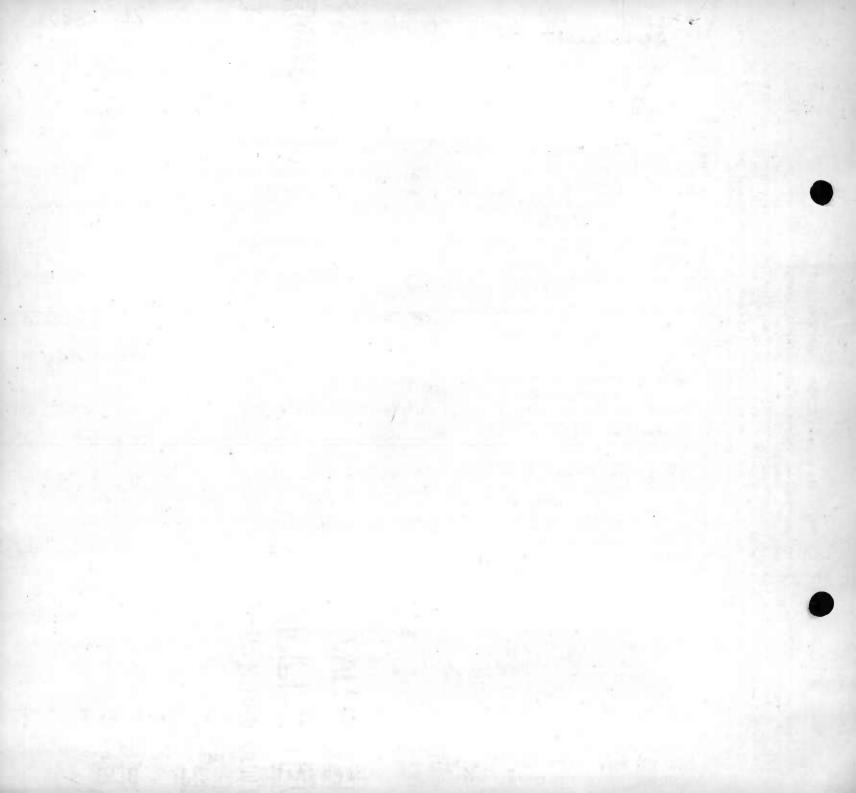
IMPORTAN

DIRECTOR:

FUNERAL



	1	- 0	1 1 5		BALTIMORE CITY	HEALTH DEPARTMENT	1	71 2825
		- Cax	19 31 71	2825	CERTIFICA	TE OF DEATH	REG. NO	17 6860
4 1	ath the the	I, NAME OF DE	ECEASED LAMAS	Qiao			AND HOUR OF DEATH	4
1. h	S = G = C	(Type or Print)	ESPINO	OSA, Arn	old		3/8/71	3:33 p. M
U.M.	h o c t	3. PLACE IN B.	ALTIMORE, MARYLAND, V				here deceased lived. If	institution: residence before odmission)
. Mo	Sp ()					Virgin Is		V-119
10	dar (5	FULL NAME OF HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPI ADDRESS OR LOC	ATION)	ON, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
100	to a se ca	INSTITUTION				St. Croix		YES NO
0	- Bat	The	Johns Hopkin	ns Hosni	tal	E. STREET AND NUMBER		Aur.
1	6 T G + G		O CHILD 1-OPKE	TO HODE	cui	21 Eliza'	s Retreat	
7	ibu da da	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours; Min.
300	mimim mgg se	Male	Rican	WIDOWED	DIVORCED	8/16/69	11/2	
	ter ter				JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
0	i de i de	done during most	of working life, even il retired)					The system of th
18	de de Constitution de Site de	13. FATHER'S N	IAME			14. MOTHER'S MAIDEN N.	AME	
) _ :	+ 9 ÷ 3 ÷ g	N	icholas			Elvira		
Z	4 4 5 4			orces?	5. SOCIAL	17. INFORMANT		ADDRESS
D Z	al e e	(Yes, no or unknown	sed Ever in U. S. Armed Fo wn) (If yes, give wor or dol	les of service)	SECURITY NO.			
S T	SS! # X P III						Mist hoc	
MPORTAN	o de de de	1B. 7	4 61/1		CAUSE OF DEAT		111.	BETWEEN ONSET AND DEATH
) \$	so, so,	DISE	ASE OR CONDITION D LEADING TO DEATH		/ransp	osition of c	preat Vesse	9/3 11/
2 =	A e o E	(This does	not mean the mode o	f dying, e.g.,	(A)IMMEDIATE/CAL	A CONSEQUENCE OF:		- 12 year
0 %	bar.		re, osthenia, etc. It meon complication which couse					
0			ANTECEDENT CAUSE					
CTOR	h b b	DISFASES	OR CONDITIONS, if	ony giving	(B)DUE TO, OR A5	A CONSEQUENCE OF:		
Z W	3) X	rise lo	the obove couse (A)					
DIRE	s i s	UNDERLYI	NG CONDITION loss.		(c)			
2	dic ica ica ica sic sic	Z		ONTRIBUTING	01	/	, , ,	
1	hy hy re-	TO THE DE	NIFICANT CONDITIONS CO	THE TERMINAL	1-0st +00	Cardiac ang	renal fai	lure of duys
D)C-	E Z d a	DISEASE OF	OF OPERATION 198. COL	NDITION FOR WHI	ICH OPERATION	20A; AUTOPSY? (Yes or	No. 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
ZZ	Boog H	122-6	/ // /.	REFORMED AMS BOSIFI	· -	1185	IN CERTIFYING C	AUSES OF DEATH?
5 5	by ph	U 21A. ACCIE	DENT WAS UNDERLYING		ACE OF INJURY (e.g.,	n or obout N.C. WHERE DID	(If in Boltim	ore City, give exact location)
2-	al +	DEATH (no	IBUTING CAUSE OF	etc.)	form, foctory, street, or	mice blag., Theori Occok:		
)	d w re piy	O 21 D. TIME	(Month) (Doy) (Year)) (Hour) 21E, IN	JURY OCCURRED	21F, HOW DID II	NJURY OCCUR?	
7	pp at (6)	OF INJURY		While	At Not Whit			
2	tai tai			Work	At Work			3 0 31
3	th the second		ify that (1) (this hospita		deceased from			3-8-197/
	be ;;	that (I) (w	ve) last sow the deceas	ed alive on	2-8	19 and	that in (my) (our) or	plnian deoth occurred an the dot
H	at to	and hour	and from the couses sto	oted obove. (I) (We) (did) (did not) v	riew the body ofter death	n.	
90	de de	23A. 5IGN A	TURE	0 /				238. DATE SIGNED
nol	Cio Pic		Leon C	Parks	MAD DEGREE Phy	ending Med. Director	Staff Phys	3-8-7/
13	ac ac	23C. PHYSIC NAME	CIAN'S			23D. ADDRESS		
le	was was A. a pric	- IVANIE	Lem C	Parke	MA	John Hook	ine Hoch	Rolf Md
A	A P d	24A. BURIAL C	REMATION, 248. DATE	24C. NAM	E of CEMETERY OF R	WATCHES ME W RESTOR	LECTRICATION IS MY	City (State)
19		REMOVAL	(Specify)	7/	A	TATOMIT DUF	THE OF MIL	MILINIU
Y	s c	25A. DATE REC	D BY HEALTH DEPL	25B, NAME OF	REGISTRAR	VIVERSIT VIRECA	AFDICAL C	ADDRESS
	This cert the bod shows: (was D.C decease written	MAR 9	3 27 (64.6	Car Voltocad	THE O	O O DESTRUCTION	TEDIOUS C	- 4600
		VS 150-REV. 1/	1/6B			-MARTINEY	SERVICE	" RUM



IMPORTANT

DIRECTOR:

FUNERAL

No 🗌

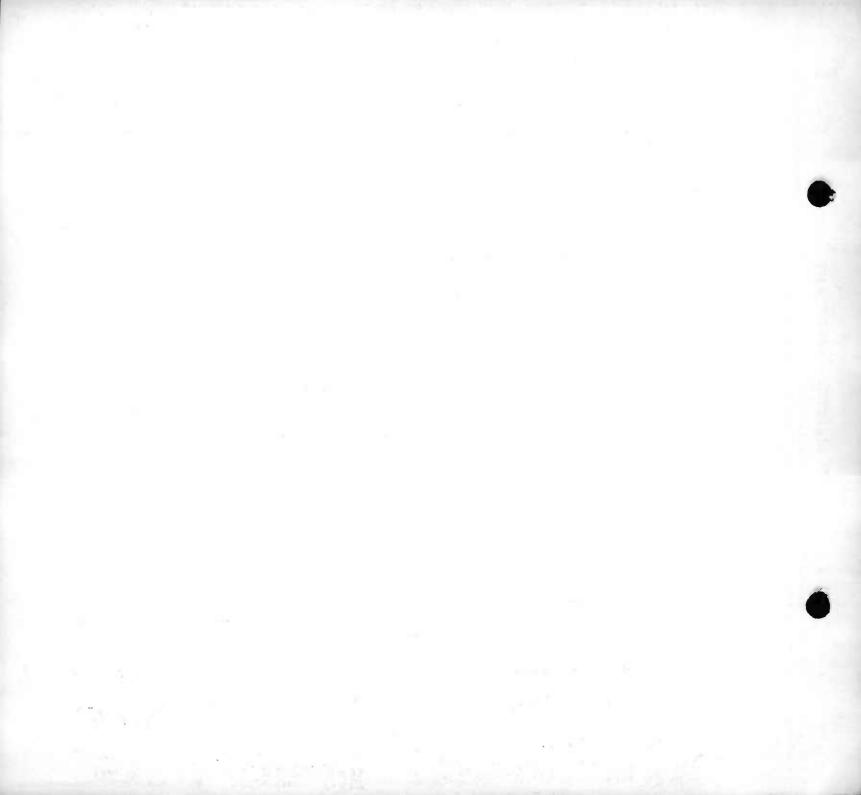
20:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

Hours Min.

29



11	2.463		BALTIMORE CITY	HEALTH DEPARTMENT	'')	1 2827.
		2827.	CERTIFICA	TE OF DEATH	REG. NO.	I LONI.
(1	NAME OF DECEASED YPE OF PAINT RUBY PLACE IN BALTIMORE, MARYLAND, WHI		OLYARD	-	ND HOUR OF DEATH	949 P.N
FI	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATI	OR INSTITU		Md - Bo	A ==	lilution: residence before admission)
		WERH	r HOSPITA	E. STREET AND NUMBER		YES NO
5.	SEX 6. RACE 7.	ALABRIED T	7.1515	S. DATE OF BIRTH	Royal Av	9
	+ 1 14/	MARRIED [NEVER MARRIED DIVORCED	2	9. AGE (in years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if retired)	& KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
(Ye	. Was Deceased Ever in U. S. Armed Forces as, no or unknown) (II yes, give war or dates o	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
CAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	ring, e.g., e disease, ath.) r, giving aling the RIBUTING ERMINAL [A]. ION FOR WI MED [18, P] home, etc.]	(B) Low Tock DUE TO, OR AS (C) Person HICH OPERATION Mully Machine LACE OF INJURY (e.g., in form, fociory, street, olf	Pour son	DI 208 IF YES, WERE FIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 246. 726. (cg) NDINGS CONSIDERED SES OF DEATH? City, give exect location)
ME	IAPPROX.)	While Work	At Work	21F. HOW DID INJ	URY OCCUR?	,
	22. I certify that (I) (this haspital) at that (I) (we) lost sow the deceased a	ttended the	deceased fram	/	19 <u>7/</u> to	3/13 19 2/
	and have and from the causes stated	-	(We) (did) (did ====>	19_7//and th	at in (my) (our) opini	on death occurred an the dote
	23A. SIGNATURE	K	h) Atten		Staff Phys.	38. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	2		D. ADDRESS	1	7/9/11
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	e lip	DEGREE	ANATOMY B	CARD OF N	exal Hospital
25A	MAR 9.3 1977 Pales &	a low	0 0 0	UNIVERSITY	MEDICAL	SCHOOL

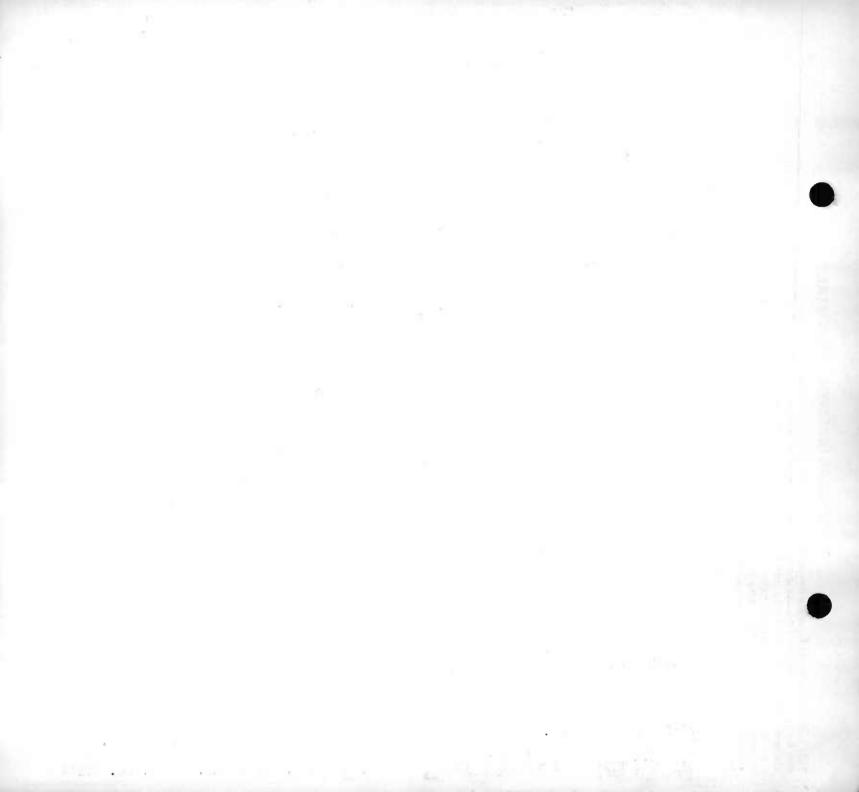


вп	1) - 32 RTH NO.	(0)	CHAN	Y HEALTH DEPARTMENT	REG. NO	71 2828
1.7 (Ty	Pe or Print) Wh	ittaker, Edwa	ard C.	2. DATE ANT	HOUR OF DEATH	6:10 PM
FU	LL NAME OF		VHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE STREET ATION)	A. STATE B. COUNT	s deceosod lived. If in	astitution: residence before admission)
IN	St. Agne	s Hospital	ATION)	c.city or town Baltimore	D. INS	TES NO NO
1	10			e. STREET AND NUMBER 903 Wilminghar	m Ave.	
	Male	White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	4/27/99	osi birihdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A01	Nursery	working life, even il refired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	in country)	USA
13.	Henry	ме Whittaker		14. MOTHER'S MAIDEN NAM	AE .	
15. (Ye:	Wos Deceased s, no or unknown NO	Ever in U. S. Armed For Off yes, give wor or dote	ces? 16. SOCIAL SECURITY NO. 230 05 0354	17- INFORMANT		ADDRESS
ATION	DISEASES OF THE SIGNIF	and meen the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (AI & CONDITION loss.	the disease, death.) any, giving sloting the Common that the manner of the common that the co	FM mia Aconsequence of Machine a	Pulmo + Deef	hary 10 years
RTIF	0	WAS PERF		20A- AUTOPSY? (Yes or No)	20B IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
C	OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examines	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Bolilmore	e Clly, give exoci locotion)
	21D. TIME OF INJURY (APPROXI	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED While At	21F. HOW DID INJU	RY OCCUR?	3/ /- /
		that (I) (this hospital last saw the decease) attended the deceased from		t in (my) (cor) apir	alan death accurred on the date
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	RE HE DE	DEGREE Phy	nding Med. S	reff bys. Va danc	23B. DATE SIGNED 3/7/
24A	BURIAL CREA REMOVAL (S	MATION, 248. DATE	24C.NAME OF CEMETERY OF CRE	MATORY ANATOMO	TV MEDI	OF MARYLAND
	MAR 9	The Party of the P	25B. NAME OF REGISTRAR	2 8 MORTU	ARY SERV	VICE - BCHD

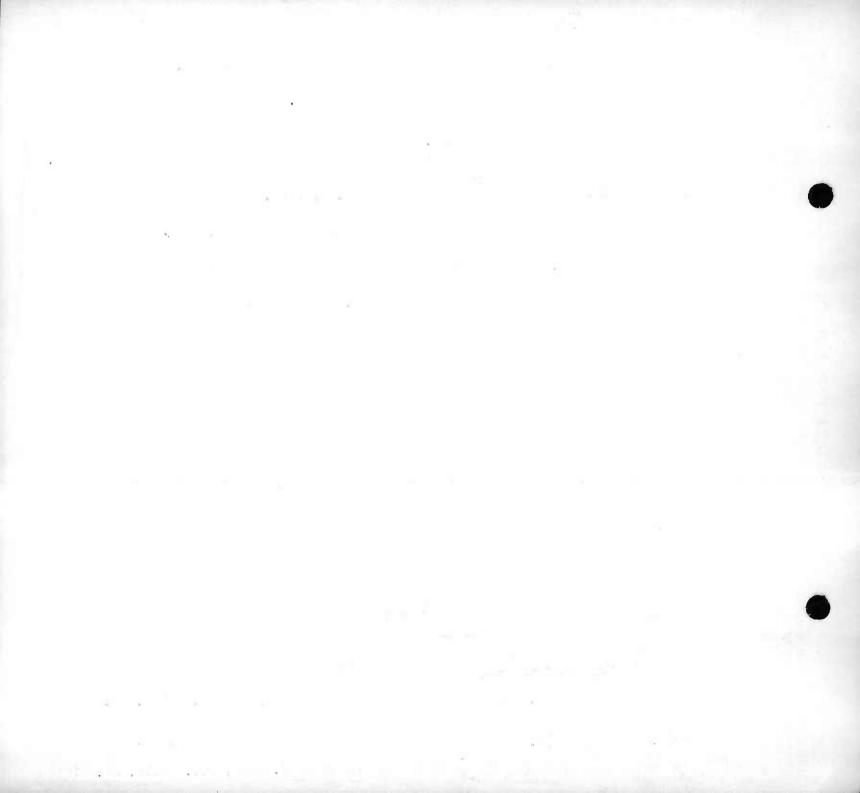
hospital said address
Should be 903 Wilminglow AVE.

	death occurred in a hospital and	t or contributing cause of death	Undetermined cause; (5) Deceased	as in regular attendance on the	e deceased prior to death. Such	osition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	F.	÷	sh	3	de	3

X-22/ 71 288		HEALTH DEPARTMENT	~	MI O OO
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 2829
1. NAME OF DECEASED (Type of Print) Agres Jeanette Ku	STABORDER	2. DATE AI	NO HOUR OF DEATH	1 8:25 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE IWHO	de deceosed lived. If inst	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TUTION, GIVE STREET	Perinsylvania		V-35-
U.S. Public Health Server	Hospital	C. CITY OR TOWN Bellwood		E CITY LIMITS? YES NO
1 3100 Wyman Park DR Baltimae, Md.	LIVE	E. STREET AND NUMBER		IES [] NO []
Baltimos, Md.		528 Max	in ST.	
temore WIDOWEL		8. DATE OF BIRTH / 8/19/07	63	If Under 1 Yr. If Under 24 Hes. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
HWE	Manufolinia.	PA. USA		U. 5.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Jacob Extension Edm	iston	Sarah Hes	SCOX	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NS	UNK.	Mr. Leroy C. K	ustaborder	(Same)
18.2/05(10	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Part. W. 1.	w. 1.16.	
(This does not mean the made at dying, e.g.	(A) IMMEDIATE CAL	OSE Coule Myc/29.	ing pullomi	e1 0 mon 1/15
heart failure, asthenia, etc. It means the disease injury at complication which caused death.)	,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
Ш	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VIDENASE OR CONDITION GIVEN IN PART 1 (A)	-			
	**************************************	1004		***************************************
19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF	ne, form, foctory, street, of	n or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
- OF INTITIES	LINJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
- I(APPROX)	hite At Wark	• 🗆		,
22. I certify that (I) (this hospital) attended		2/9/71	19to	3/2/ 197/
that (1) (we) last saw the deceased alive an_	3/2//	2/_19and th	at in (my) (our) apinle	an death accurred an the date
and haur and fram the causes stated abave. ((I) (We) (did) (did-not) v			
23A. SIGNATURE	40 -	10		3B, DATE SIGNED
Jeanous (ben	OEGREE Phys		Staff Phys.	3/21/71
23C. PHYSICIANS NAME (Type) William Green	e , MID	3100 W	Imon Pork	pul
24A. BURIAL CREMATION, 24B. DATE D. REMOVAL (Specify)	AME of CEMETERY of CRE	MATORY 24D. L	CATION (City.	town, or county! (State)
Bruel 0/20/11. Lo	gan Valley Cem	etery	Bellwood,	Penna •
MAR 23 1971 Policy E. Jan	OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/68		23 6		



K-45 =		2830		TE OF DEATH	REG. NO	71	2830
1. NAME OF DECE (Type or Print)	ASED KOUNI	A KALA	NDROS		ND HOUR OF DEATH 20, 1971.		1.50 /
3. PLACE IN BALT	IMORE, MARYLAND, W		- 190- H 1	4. USUAL RESIDENCE (Who	ere deceased lived If i	nstitution; resid	1:50 A A
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION. GIVE STREET	Md.		IDE CITY LIMI	538
00	3413 Liber	ty Heigh	ts Ave.	Baltimore E. STREET AND NUMBER		YES X	NO 🗌
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH			
Female	White	WIDOWED		Dec. 4, 1907.	9. AGE (In years last birthday)	Months De	Yr. If Under 24 Hrs. Hours Min.
IOA. USUAL OCCU done during most of w Housewif	orking life, even il relired)	108 KIND OF	BUSINESS OR INDUSTRY	Leros, Dodecane	ign country)		USA
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA		Ce	OSA
	Dimitri	Stamata	kis		Irene H	adzidak	is
5. Was Deceased Yes, no or unknown)	ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		Al	DDRESS
No			3200k.11 110;	Mr. Louis Kala	ndros		(Same)
other signific	CONDITIONS, if above cause (A) CONDITION fast. II ANT CONDITIONS CO! BUT NOT RELATED TO THE	Staling the	(C)	A CONSEQUENCE OF:			
0	PERATION 198 CONI	ORMED		20A. AUTOPSY? (Yes or No	10 DERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF nedicol exominer	home elc.)	, form, factory, street, offi	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Bollimor	e City, give ex	oct lecotion)
OF INJURY (APPROX)	Month) (Doy) (Yeor)	Houd 21E, While Work		21F. HOW DID INJ	URY OCCUR?		
that (i) (we) I	nat (i) (this haspital) ast saw the decease	d ailve an	3-19	19and th	19 <u>5 5</u> to		
and haur and	rom the causes state	ed above. (i)	(We) (did nat) vi	ew the body after death.			
	Hembo	el	Atten Phys.	ding Med.	Staff Phys.	238, DATE SI	GNED
23C. PHYSICIAN NAME (Typ	Stanley 1	0 04		3D. ADDRESS			0 11
	prantey !	a. Stein	bach MD	11 S1	ade Ave. Ba	lto. Md	•
4A. BURIAL CREM. REMOVAL ISP	ATION, 248, DATE		bach MD OEGREE ME of CEMETERY OF CREA			lto. Md	
Burial	ATION, 248. DATE ecity) 3/23/7	24C.NA	OEGREE OF CEMETERY OF CREATE OF CHEMETERY OF CREATE OF CHEMETERY OF CREATE OF CHEMETERS OF CHEME	MATORY 24D. Le	Baltimore,	y, town, or co	



and

hospital

Such

death.

E O

ance

attend

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regul

ing cause of death cause; (5) Deceased

contributing

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

DEAD

GIVE STREET

X	DEC	BIO	
1	IEG.	NO	

H-220	1		
BIRTH NO.		71	2831
I, NAME OF DEC	EASED	D.	
Type or Print)	Id	a Hugh	nes
3. PLACE IN BAL	TIMORE MARY	AND, WH	ERE PRONOUNCED
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS	HOSPITAL	OR INSTITUTION,
Ba	ltimore	City I	Hospitals
4 4	40 Easte	-	
) /			and 21224
5. SEX	6. RACE	7	- MARRIED NE
Female	White		WIDOWED 2
to A. USUAL OCC done during most of Housey	working life, even		OR KIND OF BUSIN
13. FATHER'S NA	ME		
	? Bos	ley	

3-19-1971 4. USUAL RESIDENCE IWhere deceased lived. If institution residence before admission)
A. STATE
B. COUNTY Baltimore Maryland D. INSIDE CITY LIMITS?

2. DATE AND HOUR OF DEATH

C. CITY OR TOWN Edgemere NOX YES T E. STREET AND NUMBER 21219 6908 River Drive Road

L DATE OF BIRTH 9. AGE (In years Il Under 1 Yt. Il Under 24 Hrs. Hours : Min. VER MARRIED last birthday 7-28-1893 DIVORCED 12. CITIZEN OF WHAT COUNTRY?

ESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARVIAND /y . S. A. 4 MOTHER'S MAIDEN NAME Ida C. Collins 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dotes of service) 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. No 213-07-9036-I Records: BCH-4940 Eastern Ave. 21224 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Cal Reading ANTECEDENT CAUSES (B) DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 Drabele OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Geni Bedsone TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES OR CONTRIBUTING CAUSE OF 21R PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct lecation) DEATH (notify medical examined 21 D. TIME (Month) (Doy) (Year) (Hous) 21 L INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At [Not While (APPROX) 22, I certify that (I) (this hospital) attended the deceased from and that in(my) (aur) apinion death accurred on the date that (1) (we) last saw the deceased alive an_ and hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURI 238, DATE SIGNED

(4) Undetermined disposition IMPORTANT eath UO or final attendance any embaimed regular DIRECTOR: before the remains are physician ospital (except where the physicia death); and (6) No physician was FUNERAL (2) Body hospital nature; by obtained approved to the any must be hospital

CERTIFICATION

MEDICAL

3-19-71

Attending [Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Balto

24A. BURIAL CREMATION, 24R. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY

Baltamore, Maryland 21224 astern Ave. 24D. LOCATION Oak Lawn Cemetery Baltimore, Maryland

Coto

258 NAME OF REGISTRARE 25C/PUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md.

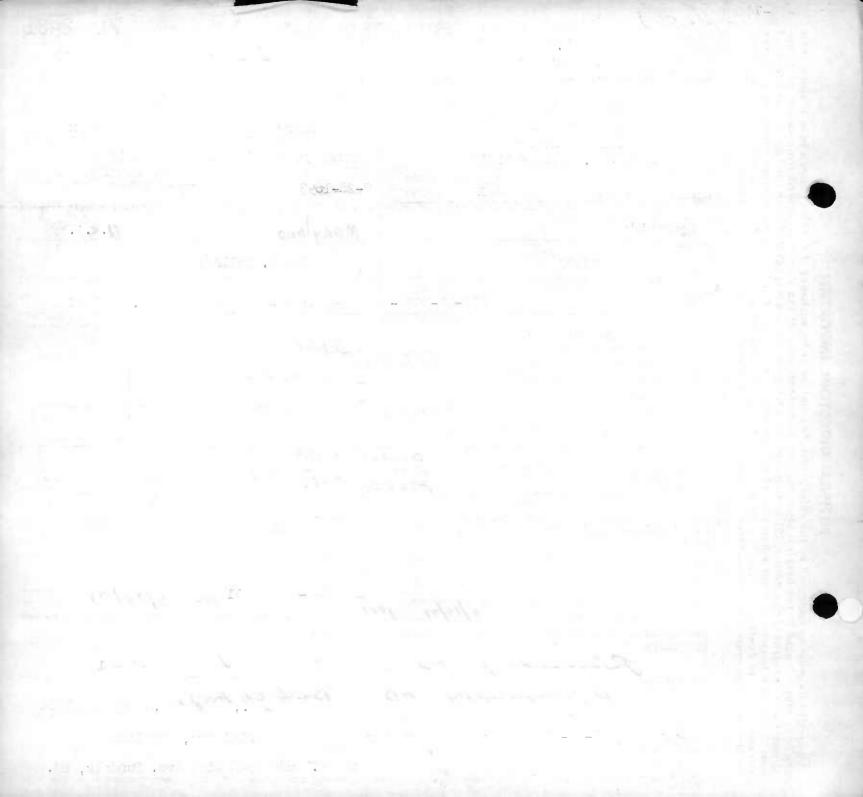
VS 150-REV. 1/1/68

eceased prior to deceased prior to written approval D.O.A. shows: MOS

0

to

3-22-71 Burial



5-530 71	2832	BALTIMORE CIT	Y HEALTH DEPARTMENT	X REG. NO	71 2832
1. NAME OF DECEASED (Type or Print) SMITH ROBERT	P. S.			ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Who	MARCH 20,	1971 12:45P N
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOC. INSTITUTION Veterans Admini 3900 Loch Raven			MARYLAND C. CITY OR TOWN	BALTIMORE	institution: residence beloro admission
Veterans Admini	.stration	Hospital	GLEN BURNIE	D. TIN	
			E. STREET AND NUMBER		YES NO
Baltimore, Mary	rland 2	1218	1015 Stewar	t Lane MF	
5. SEX 6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
MALE Caucasian	WIDOWEDIX	DIVORCED	6/21/93	lost birthdoyl	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOTORMAN (MTA)	TRANSPO		MARYLAND	ign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
JAMES SMITH			UNKNOWN		
	cos? is	6. SOCIAL			
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown! (It yes, give wor or dote	s of service!	SECURITY NO.	17- INFORMANT		ADDRESS
YES WWI		213-10-1108	CLIN RCDS, VA H	HOSP, BALTII	MORE, MD.
18. 4/2, 31 Y-3	50.4	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIE	ECTLY				SETWEEN ONSET AND DEATH
LEADING TO DEATH		(A) IMMEDIATE CAL	JSE ASHD		20 Yrs
(This does not mean the mode of heart failure, osthenia, etc. It means	the diseose.	DUE TO, OR AS	A CONSEQUENCE OF:	**********	
injury or complication which caused	death.)				1
ANTECEDENT CAUSES		(0)	COPD		12 Yrs
DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		77 710
rise to the obove cause (A) UNDERLYING CONDITION last	stoting the		DIABETES MELLI	פווים	Several Yrs.
CHEERING CONDITION last.		(c)	DIADEIES PEREL	100	Several ILS.
O OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IF TERMINAL		G, POST PNEUMONI A OF LUNG	ECTOMY FOR	
19A. DATE OF OPERATION 19B. CONI	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE	FINDINGS CONSIDERED
1959 WAS PERF	PNEUMON	ECTOMY	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medicol examine)	21 B. PL	ACE OF INTURY (e.g. to	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(if In Boltimor	re City, give exact location)
21D. TIME (Month) (Day) (Year)	(Hour 21 E 15	JURY OCCURRED	21F. HOW DID INJ	URY OCCUPY	
OF INJURY (APPROX.)	While			DK! OCCOR!	
	WORK	MI WORK			
22. I certify that (N (this hospital)				9 71 to MAI	RCH 20, 19 71
that XIX (we) last saw the deceased			19 71 and the	ot in (my) (our) api	nian death occurred on the date
and haur and from the causes state	ed abave. (%)	We) (did) (XXXXXX	lew the body after death		
23A. SIGNATURE	M		,		23B, DATE SIGNED
Kalada Mal	1/4	ALCO Affect	nding Med.	Staff Phys.	3/20/71
23 C. PHYSICIAN'S		DEGREE Phys	Director	Phys. Lab	3/20/11
NAME (Type)	T T TAICED			TIMODE MAT	OVE A NEO
RICHARD W. ME		OFGREE	VA HOSPITAL, BAL	ILPIONE, MAD	TIMIN
AA. BURIAL CREMATION, 248. DATE	24C. NAM	E of CEMETERY of CRE	MATORY 24D. LO	CATION (Ci	ly, town, or countyl (State)
-Bunial 3/23/7	1 Gle	n Haven	GL	en Burnie 1	A.A. County
SA. DATE REC'D BY HEALTH DEPT.	25B NAME OF		25C. FUNERAL DIRECTOR	JUDUULE /	ADDRESS
MAR 23 1971 P.C. 85	30. a. De	2100	0 20 BINF	1 11	
0.000.000		and transmission		Land Home	120 & Foot Aug

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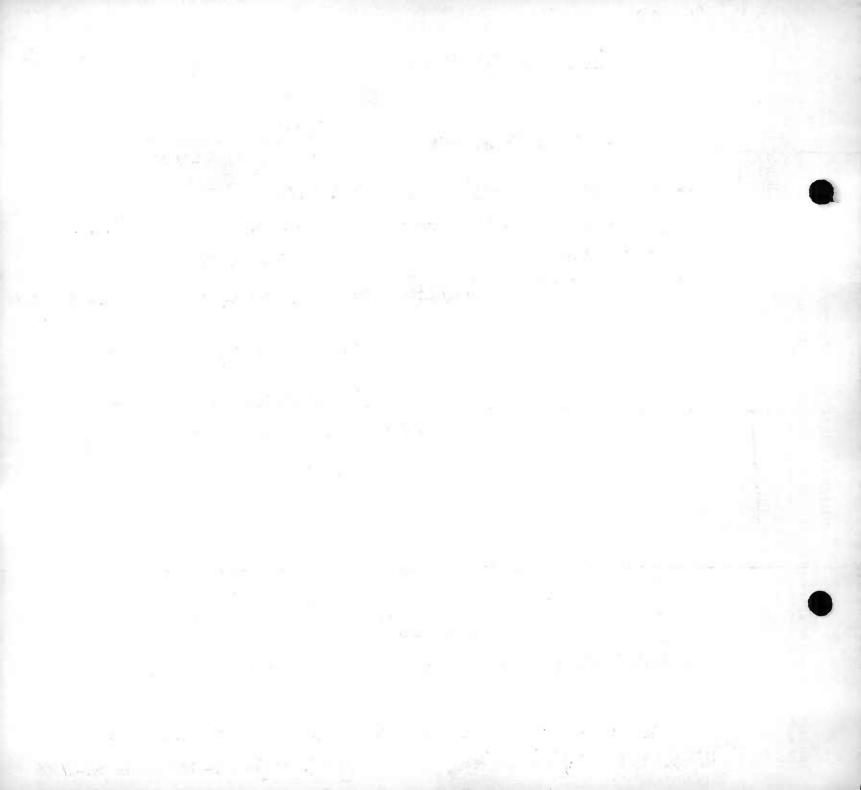
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



	M 490 71 2834	BALTIMORE CITY	HEALTH DEPARTMENT	Y	71 2834
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	,12 0001
	1. NAME OF DECEASED (Type of Print) William Mon	16		ID HOUR OF DEATH	, 68
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	DUNCED DEAD		e deceased lived. Il i	nstitution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	Md Bd.	110.	IDE CITY LIMITS?
4	Lutherm Hospital	of Md.	E. STREET AND NUMBER	Re	YES NO
made.	5. SEX 6. RACE 7. MARRIES			rest p	HILL Rd
is mo	M Negya WIDOWEI		9-2-98	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
ion	IOA. USUAL OCCUPATION (Give kind of work 108, KIND Condone during most of working life, even if retired)		11. BIRTHPLACE (State at later	gn country)	12. CITIZEN OF WHAT COUNTRY?
osit	13. FATHER'S NAME	mount	14. MOTHER'S MAIDEN NAM	ME	VeS.A.
disposition	murini moals		mary ?	?	
ald	15. Wes Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Us yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final	no	123-07-3697	Blauche 9. M	oals-363	4 Forrest Hill Rd.
D	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E E	LEADING TO DEATH	(A) IMMEDIATE CAU	se/erminal	Cano	cen
balmed	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	TT ATA	LeX
E	ANTECEDENT CAUSES	wi Ji	5 meting	Ju Je on	
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	**************************************
	UNDERLYING CONDITION lost	(c)			
ma	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
9 7	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************	**************		
re th	198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
before the remains	DEATH (notify medical examiner)	RPLACE OF INJURY (e.g., in ne, form, foctory, street, offi)	or obout 21C. WHERE DID	(If In Boltimar	e City, give exact location)
ained	S OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	JRY O C CUR?	
ta i	(APPROX.)				6 PM
0	22. I certify that (i) (this hospital) attended that (i) (we) lost sow the deceased alive on_	he deceosed from			-1971
t pe	ond hour ond from the couses stated above.	D (We)(did) (did not) wi	19ond the	t in(my) (our) opi	nion deoth occurred on the dote
must	23A. SIGNATURE				23B, DATE SIGNED
<u> </u>	ORC ANYSISTAN PROPERTY.	A to the Phys.	Director L F	Staff Phys. 🔯	3-19-71
approval	23C. PHYSICIAN'S NAME 47/PET	21 1 2	3D. ADDRESS	- //	1 1
db	24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CREA	MATORY 124D, LO	CATION IC	p. of M. (State)
	Burel 3/24/71 ar	butus mem		elto, nu	
written			25C. FUNERAL DIRECTOR		ME CADDRESS
	VS 150-REV. 1/1/68	746 00	Um Charican	Ju-1101	Misi curion > 1

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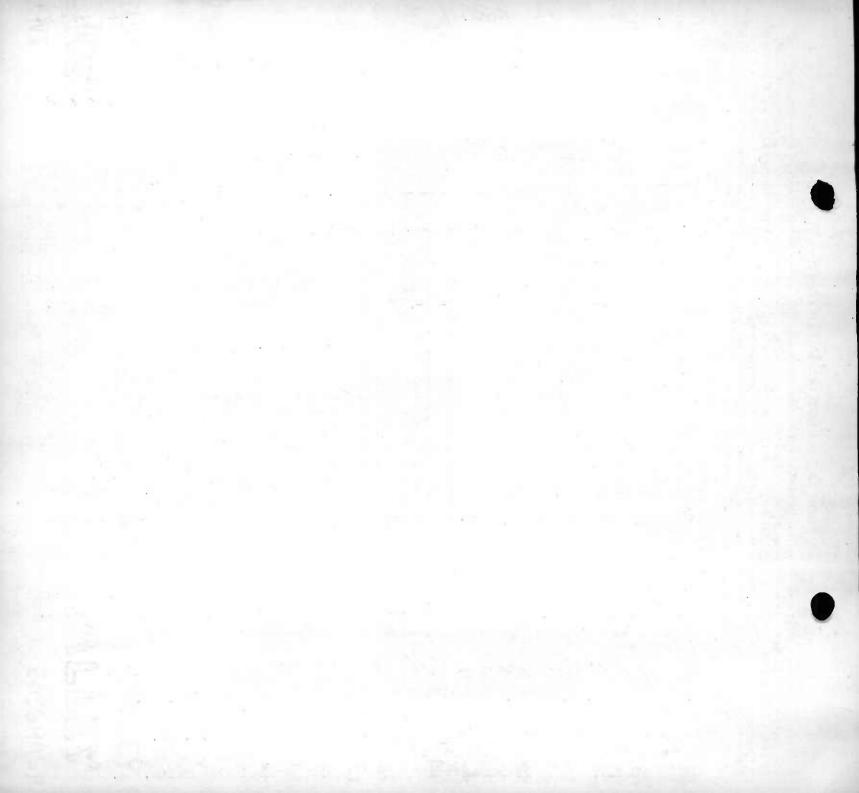
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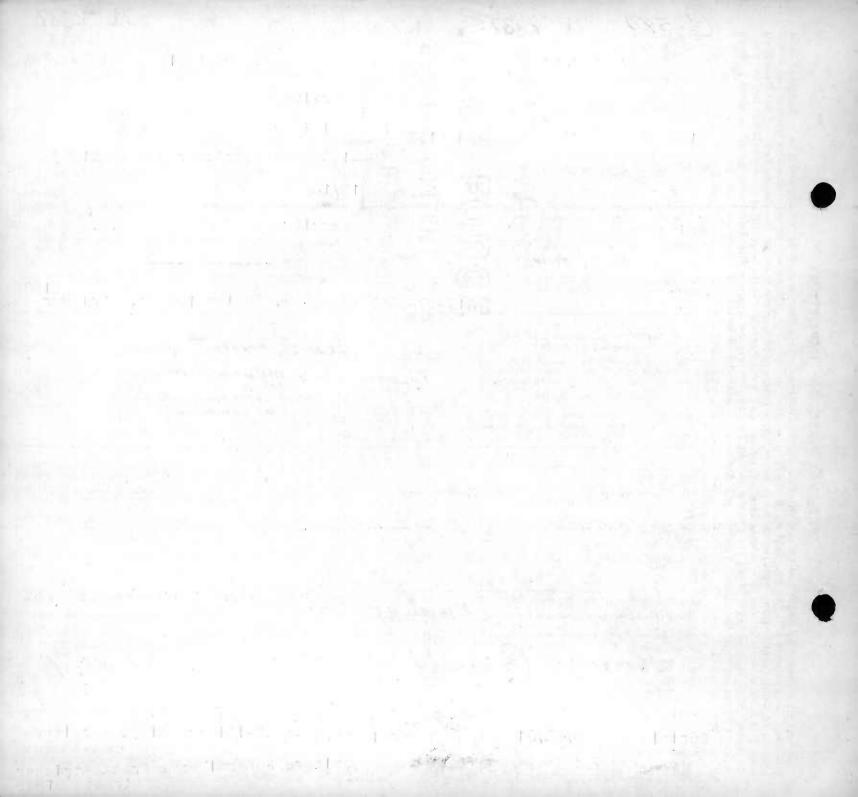
3/24/21 Askitus num PK BEER, Red.

the chalines for 1701 975 builter !



VS 151-REV, 1/1/68

0 11		HEALTH DEPARTMENT		PH OADE
6-540 71 2837	CERTIFICA	TE OF DEATH	REG. NO	/1 2837
1. NAME OF DECEASED (Type or Print) Mary Margaret Co	nley		20,1971	9:00 AM.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	Mary land	D. INSI	DE CITY LIMITS?
100 South Stricker St	reet 21223	Baltimore E. STREET AND NUMBER		YES NO
00		100 South S		
F W widow		12/18/06	9. AGE (In years lost birthdoy) 64	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even il setired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Waitress Res	taurant	Maryland		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Louis F. Andrathy		May		-
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 01007
(Yes, no or unknown) (If yes, give wor or dotes of service NO	security No. 217-07-5957	Joseph W. Co	nley 100	So. Stricker St.
WAS PERFORMED	ing DUE TO, OR AS the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAL	SINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If In Baltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX.)	While At Not While Work At Work	e 🗍		
22 1 - 416 41 - 412 (413 - 1 - 14-12 -			960 to 10	er eli 20 197/.
22. I certify that (1) (this hospital) attended that (1) (we) lost saw the deceased alive (march 10	2 - /	7	nian death accurred an the date
and haur and fram the causes stated above 23A. SIGN ATURE Described 23C. PHYSICIAN'S	e. (I) (We) (did) (did not) v	nding Med.	Shaff Phys.	23B, DATE SIGNED 3. 20, 7/
NAME (Type)				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	DEGREE C. NAME of CEMETERY or CRE			ly, town, or county) (State)
	New Cathedral	Cemetery Ba	Itimore C	ity, Maryland
25A. DATE REC'D' BY HEALTH DEPT. 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 23 1977 066-16 200	Bay Hall 1	Walters Fun	eral Home	Pratt&Stricker
VS 150-PEV 1/1/68				Streets 21223



ype or Print) . PLACE IN	Robert					ch 20,1971 ere deceased lived. If	I institution; residence before admission
ULL NAME IOSPITAL O NSTITUTION	OF (IF NOT I	N HOSPITA OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	Maryland c.city or town Baltimore	D. IN	NSIDE CITY LIMITS? YES \(\text{NO}\) NO \(\text{NO}\)
1315	West Pr	att	Street	21223	E. STREET AND NUMBER	Pratt Str	
SEX M	6. RACE		WIDOWED		8. DATE OF SIRTH 4/195	9. AGE (the years lost birthdoy)	Months Doys Hours Min
	st of working life, ever			Of Baltimor	e Marylar		U.S.A.
FATHER'S	NAME Robert Re	ed			Unknown	ME	
es, no or unk	osed Ever in U. S. nown) (If yes, give	Armed For wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 214-03-342	17. INFORMANT	Severna ttner Rt.	Park, MD 21146 1, Box 190,
(This do heart foi injury or	SEASE OR COND LEADING TO es not meon the ure, osthenio, etc. complication white ANTECEDENT S OR CONDITION	mode of 11 meons ch coused	dying, e.g., the diseose, deoth.)	(A) IMMEDIATE CA DUE TO, OR AS	Marsine	myocondes alwa mgine p	
18. (This do heori foi injury or DISEASE is to UNDERL	LEADING TO es not meon the ure, osthenio, etc. complication white ANTECEDENT S OR CONDITION the obove co YING CONDITION GNIFICANT CONDITION DEATH BUT NOTRE	mode of it meons ch coused CAUSES ONS, if ouse (A) N lost.	dying, e.g., the discose, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL	(A) IMMEDIATE CA DUE TO, OR AS (B) DUE TO, OR A	USE Massive 1 A CONSEQUENCE OF FOS	nyosandes a two	
This do heori foi injury or DISEASE rise to UNDERL	LEADING TO es not meon the ure, osthenio, etc. complication white ANTECEDENT S OR CONDITION the above co YING CONDITION GNIFICANT CONDITION DEATH BUT NOT RE OR CONDITION GIVE	mode of 11 meons ch coused CAUSES ONS, if buse (A) N lost.	dying, e.g., the discose, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL til (A).	(A) IMMEDIATE CA DUE TO, OR AS	USE Massive 1 A CONSEQUENCE OF FOS	my ocasides of ates u mg ma for	
This do heori foi injury or DISEASE rise to UNDERLY DISEASE TO THE DISEASE TO THE DISEASE TO A COR CON DEATH (LEADING TO es not meon the ure, osthenio, etc. complication white ANTECEDENT S OR CONDITION the above co YING CONDITION GNIFICANT CONDITION DEATH BUT NOT RE OR CONDITION GIVE	D DEATH mode of it meons ch coused CAUSES DNS, if ouse (A) N lost. TIONS CO LATED TO T /EN IN PAR 19B, CON WAS PER ERLYING ERLYING	dying, e.g., the discose, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). DITTON FOR FORMED	(A) IMMEDIATE CA DUE TO, OR AS (8) DUE TO, OR A (C)	USE MRSSIVE P A CONSEQUENCE OF: FOS C. U. D. D. D. D. S A CONSEQUENCE OF:	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location)
18. DI (This do heori foi injury or DISEASE ise to UNDERL OTHER SI TO THE DISEASE 19 A. DAT	LEADING TO es not mean the ure, osthenio, etc. complication which ANTECEDENT S OR CONDITION The obove control S OR CONDITION THE OR CONDITION THE OR CONDITION THE OR CONDITION TO SET THE OR CONDITION THE OF OPERATION CIDENT WAS UND TRIBUTING CAU notify medical examination THE OR CONDITION CONTROL THE OR CONDITION CONTROL THE OR CONDITION CONTROL THE OR CONDITION CONTROL THE OR	D DEATH mode of If meons ch coused CAUSES DNS, if buse (A) N lost. TIONS CO LATED TO T VEN IN PAR 19B. CON WAS PER ERLYING SE OF iner)	dying, e.g., the discose, deoth.) ony, giving sloting the NTRIBUTING HE TERMINAL 11 1 (A). DITION FOR FORMED 21E hon etc. (Hour) 21E	(A) IMMEDIATE CA DUE TO, OR AS (8) DUE TO, OR A (C)	DUSE MRSSIVE TO A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or Notice bidg., INJURY OCCUR?)	(If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?

Burial 3/23/71 Mt. Olivet Cemetery Baltimore City, Maryland

25A. DATE REC'D 87 HEALTH DEPT.

258. NAME OF REGISTRAR

Walters Funeral Home Pratt&Stricker

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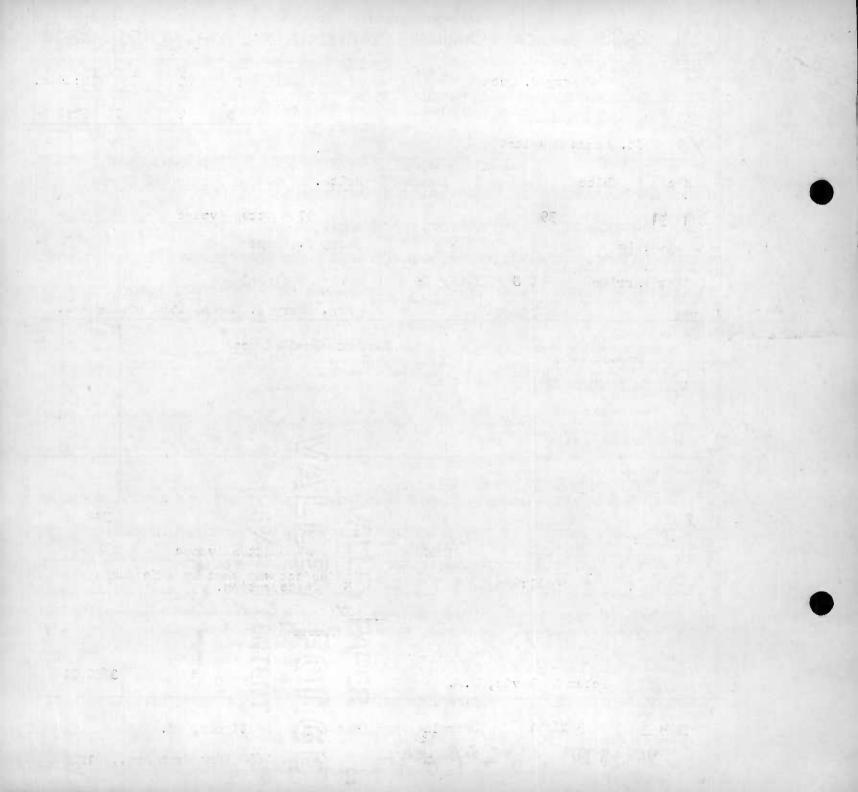
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2. 17 (a) 1 (a)

BAITIMADE	CITY HEATTH	DEPARTMENT

BIR	71 TH NO.	2839	MED	ICAL		(AMINER'S			DEAT	H REG. NO.	71	283	9
1. [1. NAME OF DECEASED (Type or Print) Harry F. Owens					2. DATE OF DEATH	Known Estimated	Month 3	22	Yeor 71	Hour 12:20	a . M	
4.	PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PE	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	771.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	ΤΙΤυτιο	ON, GIVE STREET		INCED DEAD	3	22	71	12:2	M.
	40	St. Agr	nes Hos	pita	1		A. STATE	d.	le deceosed in	B. COUNTY	2	58	2
6. 5	SEX	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
male White WIDOWED DIVORCED					Balto. YES 🖾 NO 🗌								
9. [DATE OF BIRT	H	10. AGE (In		If Un	der 1 Yr, If Under 24 Hrs.	E. STREET A	ND NUMBER	_				
3	1/17/33		39					2708 01	ttwa Av	enue			
11.	BIRTHPLACE (State or foreig	in country)		1	ITIZEN OF	13. FATHER	S NAME	^				
	Marv	land			l w	HAT COUNTRY? USA	Harr	y F. Ower	ns				
	USUAL OCCI	JPATION (Giv		14B. KINE	OF B	USINESS OR INDUSTRY	15. MOTHER	R'S MAIDEN NA	AME				
	eduring most of Letter (en itretired)	US	POS	T OFFICE	Bou 7	ah Sorini	kol				
	WAS DECEAS		U.S. ARMED			17. SOCIAL	18. INFORM		VCT	AD	DRESS		
(Ye	s, no or unknown	(If yes, give v				SECURITY NO.	Mrg	. Harry	F. Owen	e 2708	Ottaw	ATTE.	
-	yes	, , , , , ,	0,	26/6	9_1	CAUSE OF DEA		· Laily	I B OWCII	5, 2100		PPROXIMATE IN	TERVAL
CERTIFICATION	heort foilur- injury or co A DISEASES RISE TO TH UNDERLYI OTHER SIGI	LEADING TO not mean the continuous continuou	mode of dy . It means the ch coused dec CAUSES ONS, IF ANY USE (A) STATION LAST. II NDITIONS CO RELATED TO	diseose, th.) , GIVING THE	TING	(B)	AS A CONSEQ						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						VAS PERFORMED 21.					AUTOPSY? (Yes or No) yes		
EDICAL	UNDERLYIN	22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect location) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 12C. WHERE DID (If in Boltimore City, give exect location) INJURY OCCUR? 2708 Ottwa Avenue											
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED Subject was shot by wife during altercation.													
ACIONATURE ASSISTANT MEDICAL EXAMINER								date sigi /22/71	NED				
	A. BURIAL CRE	MATION,	24B. DATE		240	C. NAME of CEMETERY	ar CREMATO	ORY 240	LOCATION	(City, town	, or county	(Sto	te)
	Buria		3/24/	71		Lorraine Par			altimor	e. Md.			
25	A. DATE REC'E			25B. N	AME	OF REGISTRAR	25C. I	itzke, 1	TOR	AI	ve.,	21228	
		0 1	-//:	and the second	4	9 4		# 1 1 E	4				



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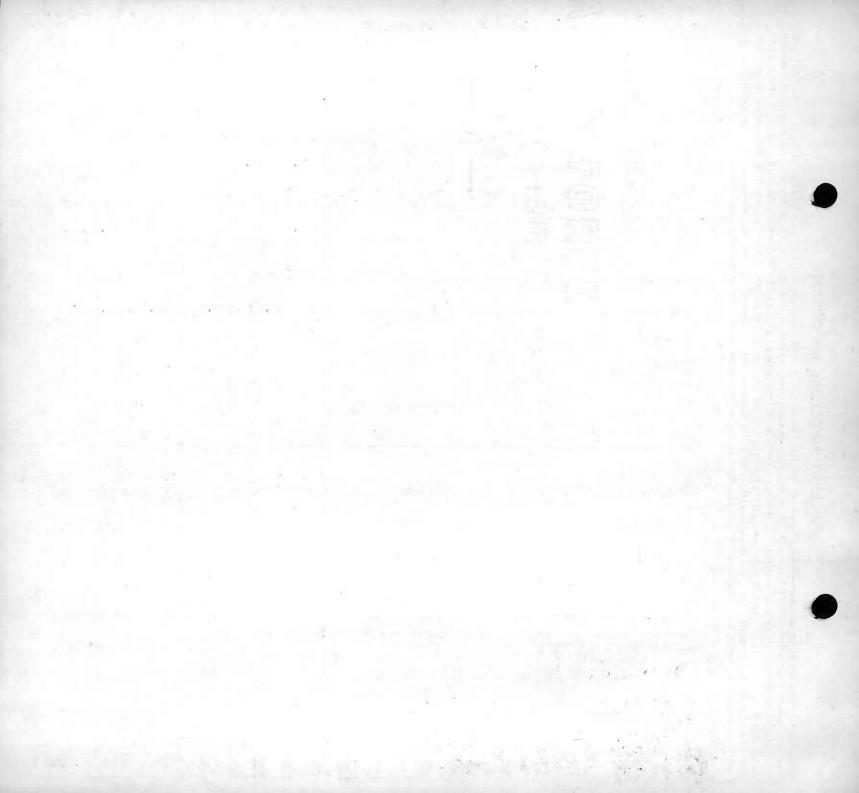
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IMPORTANT

FUNERAL DIRECTOR:

111000 4 4 11 6411	Y HEALTH DEPARTMENT	1 2942					
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.	T 1046					
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) LEONARD WINCEK	MAR 22 /71	12:30 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution A. STATE B. COUNTY	residenco befare admission					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD Balto.	5300					
INSTITUTION	C, CITY OR TOWN	LIMITS2					
CHURCH HOME VHOSPITAL	E. STREET AND NUMBER	NO 🗌					
35	1803 ryler Rd	(22)					
6. RACE WIDOWED DIVORCED	12/05/25 lost birthdoy) - Month	der 1 Yr. If Under 24 His S Doys Hours Min.					
OA, USUAL OCCUPATION (Give kind at wark 10 B, KIND OF BUSINESS OR INDUSTRY lane during mast of working life, even it reflects.)	11. BIRTHPLACE (State or loreign country) 12. C	TIZEN OF WHAT COUNTR					
Crave Opon Op	PA	ALLEN					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , , ,					
FRANK Wincele	CATHERINE NAJOIDA	1:4					
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS					
July 192-12-0660	Beingoling Quese	Samo					
18. CAUSE OF DEATH	0.00	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	vente Homonary	BETWEEN ONSET AND DEAT					
LEADING TO DEATH (This does not man the made of duine on (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE							
hearl failure, asthenio, etc. Il means the disease,	A CONSEQUENCE OF:						
ANTECEDENT CAUSES	o Million ()						
(8)	A CONSEQUENCE OF A						
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF SURCESCOLOU	12-3 Excep					
	0 1 1 -	\					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Contact Disco	1 & D.O					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	120	200					
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDING ZIN CERTIFYING CAUSES OF	RE FINDINGS CONSIDERED CAUSES OF DEATH?					
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or about 21C, WHERE DID.							
OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21 C. WHERE DID NJURY OCCUR? OR CONTRIBUTING CAUSE OF ORDER CONTRIBUTING CAUSE OF INJURY OCCUR?							
	215 HOW DID WILLIAM OCCUPA						
(APPROX) While At Not While	21F. HOW DID INJURY OCCUR?						
Wark At Work							
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lest saw the deceased alive on		22 19 7					
	2 19 1 and that In(mx) (our) opinion de	ath occurred on the dat					
and hour and from the causes stated above. (1) (Ne) (did) (did not) v	s stated above. (1) (Ve) (did) (did not) view the body after death.						
23A. SIGNATURE Attending Med. Stoff Phys. 3 22 Attending Phys. Director Phys. 3 22							
A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	or county) (State)					
BURIAL 3-27-71 St Peter & Paul							
5A DATE REC'D BY HEALTH PEPT 25B NAME OF REGISTRAR		ADDRESS					
MAK 23 BM WELL CAREZAR O O	25C. FUNERAL DIRECTOR ALTER DABPOWSKI 1005 DUNDA	LK AVENUE					
S 150-REV. 1/1/68							

FUNERAL DIRECTOR:



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FUNERAL DIRECTOR:

BI	5 - 153 $11 284$	14	TE OF DEATH	REG. NO	71 2844	
1.	NAME OF DECEASED	LDEDT		D HOUR OF DEATH	6.504	
3.	SPINDLE, DE		4. USUAL RESIDENCE (When	d 21, 1971 e deceosed lived, Il ins	6:50A . M.	
FL H IN	JLL NAME OF (IF NOT IN HOSMTAL OR IN OSMTAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	CITY D. INSID	21230 2 / O	
1	ST. AGNES I	HOSPITAL	BALTIMORE E. STREET AND NUMBER 622 SCOTT ST		YES NO []	
	MALE WHITE WIDOW		10 12 37	33	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
do	LUSUAL OCCUPATION (Give kind of work 108, KfN) during most of working life, even if retired) LICA LIVERY FATHER'S NAME	hungh Blaco:	MARYLAND		U.S.A.	
	DELBERT U. SPINDLE		MYRTLE (WORLE)	Y)		
(Ye	Wes Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 213344722	ST. AGNES HOS	NS AVES BA	ALTO ADMOS. 21229 RDS-CATON &	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,					
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given is a long of the condition of the condition of the conditions contributing the conditions contributing the conditions contributing the death but not related to the terminal conditions.	ing DUE TO, OR AS the (C)	holiom. A CONSEQUENCE OF:			
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119B CONDITION FOR WAS PERFORMED	*****************	20A-AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	of obout 21 C. WHERE DID	(i) in Ballimore	City, give exoct location)	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED While At Not While Work	21F. HOW DID INJU	JRY OCCUR?		
	22. I certify that (X) (this hospital) attended the deceosed from MARCH 1 19 71 to MARCH 21 19 71 that (X) (we) lost saw the deceosed alive on MARCH 21 19 71 and that in (NV) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (X) (X) view the body after death.					
	23A. SIGNATURE 1-1. 6 C(2)	DEGREE		Staff Phys.	2/2//	
24/	H. GUZMAN M.D	• DEGREE			BALTO.,MD.21229	
L	REMOVAL (Specify) 3/24/7/9	Les Horan Pro- RE OF REGISTRAR	Park	Blank 11	town, or county! (Stole)	
1	MAR 23 19/1 Pabe & Jack	man a second	250. FUNERAL DIRECTOR	Son & Son	Inc. Hollens St	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in

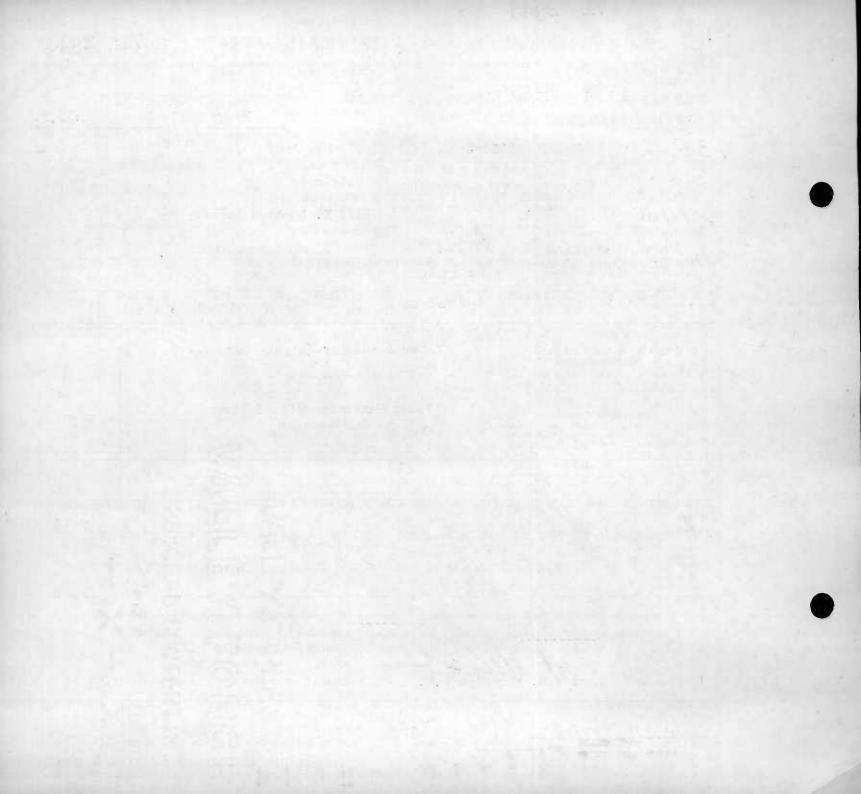
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/1 DOAR

M = 200 BALTIMORE CITY HEALTH DEPART						
MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH REG. NO. /1 2845					
1. NAME OF DECEASED 2. DATE	Known Month Doy Yeor Hour					
(Type or Print) OF	Estimated					
JUHN MATTUCK DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Yeor Hour					
HOSPITAL ADDRESS OR LOCATION)	March 19,1971 6:35 P. _{M.}					
A CTATE	SIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY 301					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TO	OWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED ■ Baltin	more YES NO					
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 45 If Under 1 Yr. If Under 24 Hrs. E. STREET AN Months, Doys, Hours Min. 1622 E.	ND NUMBER Lombard Street					
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S	NAME					
North Carolina UWHAJCOUNTRY?	llard Mattocks					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS QR INDUSTRY 15. MOTHER'S	Ş MAIDEN NAME					
	hia Moore					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 2/SECURITY NO. 929 Mr. HI	udolph Mattocks, Same					
19. CAUSE OF DEATH	APPROXIMATE INTERVAL					
3 //101	BETWEEN ONSET AND DEATH					
LEADING TO DEATH (A)IMMEDIATE CAUSE	(Right Upper Lobe)					
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused deeth.)						
ANJECEDENI CAUSES Fatty Metamorp	hosis of Liver					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQU						
RISE TO THE ABOVE CAUSE (A) STATING THE						
(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	D 21. AUTOPSY? (Yes or No)					
0 2	yes					
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.) INJ	C. WHERE DID (If in Boltimore City, give exact location)					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F	F. HOW DID INJURY OCCUR?					
OF INJURY						
(APPROX.) m. WORK AT WORK						
	and that an this basis, death in my apinian					
	nicide Undetermined monner					
ACTUAL ASSIST	HIEF MEDICAL EXAMINER DATE SIGNED					
EXAMINER'S Ronald N. Kornblum, M.D. ASSOC	CIATE MEDICAL EXAMINER 3/20/71					
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATOR REMOVAL (Specify)	Y 24D. LOCATION (City, town, or county) (State)					
Burial 3/25/71 Mt Calvary Cemetry						
RAMAN AND AND AND AND AND AND AND AND AND A	olphus Halstead 1206 W N orth Av					
VS 151.0FV 1/1/6R	0-4-4					

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.s. , - simpol emphilums:

2600 Liberty Seights Baltimore, Maryland

Negro

Male

Saltimore, Maryland

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4031 fairview Avenue

Hr. Fred Page (Friend)

Mag No.

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11-11-

F-81-0

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DIRECTOR:

FUNERAL

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CHARWOMAN - MATCHAL CITY BANK-

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DIRECTOR:

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258 NAME OF REGISTRAR

BURIAL

VS 151-REV. 1/1/68

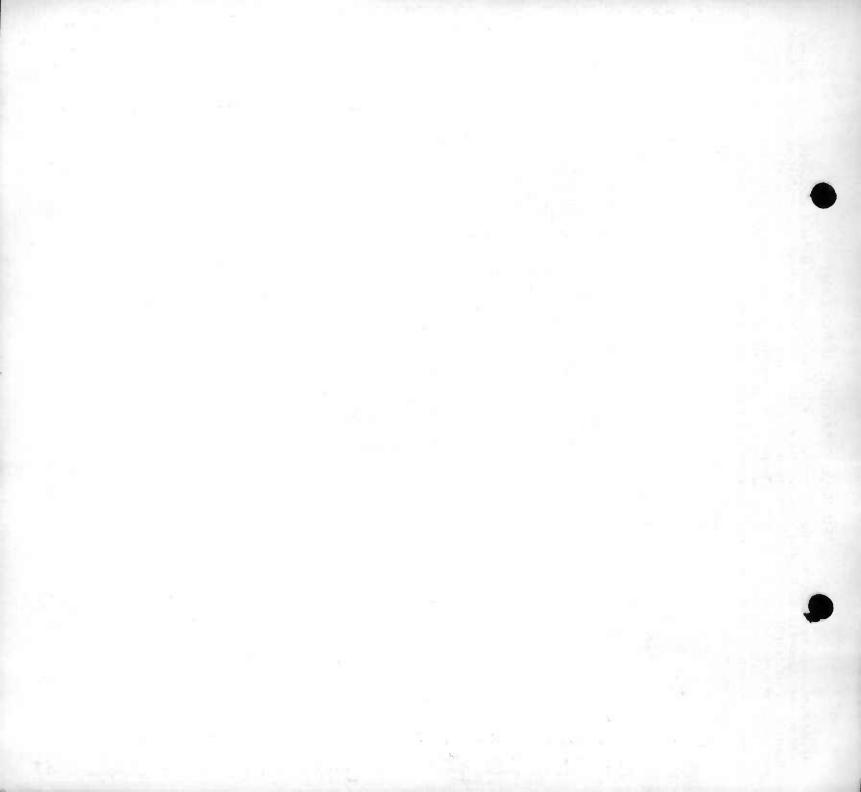
25A. DATE REC'D BY HEALTH DEPL

D

ADDRESS

FUNERAL DIRECTOR

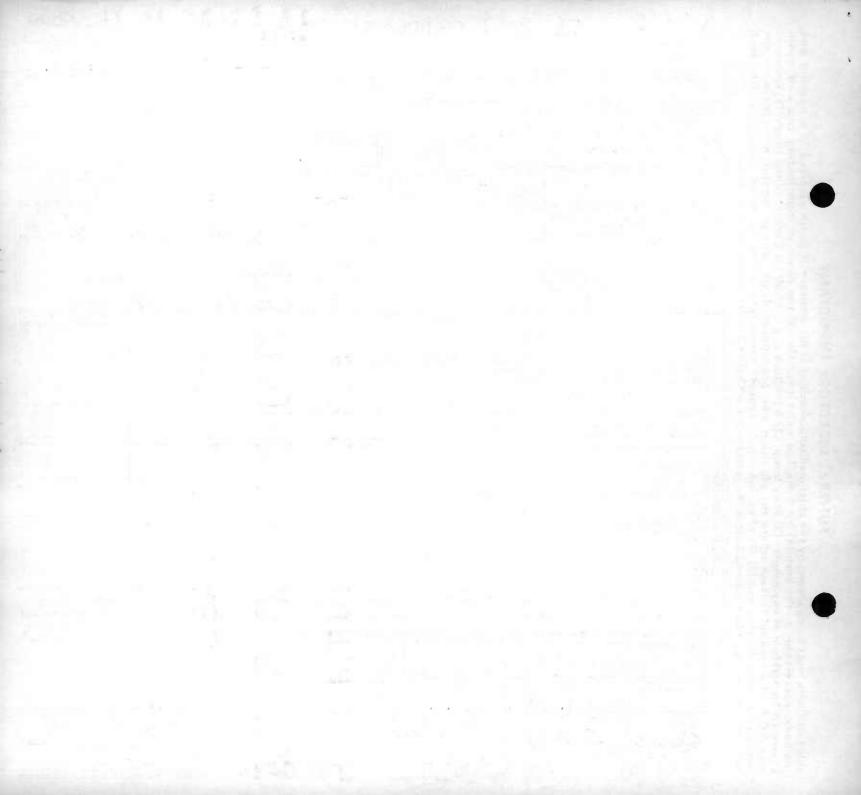
150-REV.



-4/39/71 - Correction form from funeral director.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was b.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

1.1 1	hai		BALTIMORE CITY	HEALTH DEPARTMENT	6 % %	Ph 16.5	174	20E2
W-4	71	2853	CERTIFICA	TE OF DEATH	REG. N	0,3 # 3	11	2833
IRTH NO.						(4)		
NAME OF DI Type or Print)				.2	AND HOUR OF D	EATH		
PLACE IN B	JOHN WALL		D OFAD	4. USUAL RESIDENCE	3-21-71	de II institution: t	esidence b	30 A M
		VIII VIII VIII VIII VIII VIII VIII VII	o oran	A, STATE B, CO	YTNUC		- 0	200
HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION ATION)	, GIVE STREET	C. CITY OR TOWN	lo.	. INSIDE CITY L	D D	33
NSTITUTION	IOHNO HODE INC	HOCOLTAI			ľ	YES T		оП
1 1	JOHNS HOPKINS			E, STREET AND NUMBE	R	153		<u> </u>
BALII	IMORE, MD 212	.05			HASE STREE	T		
. SEX	6. RACE	7- MARRIED N	EVER MARRIED	& DATE OF BIRTH	9. AGE (in year	s II Unde	Days H	II Under 24 Hrs.
MALE	NEGRO	WIDOWED	DIVORCED	07-23-29	lost birthdoy)	Months	Days II	lours ivun.
OA, USUAL OC	CUPATION (Give kind of wor	TOR KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Sigto or		12. CIT	ZEN OF W	HAT COUNTRY
ane during most (of working life even if refired)			Prostation	ne mo	0 1	10	1
3. FATHER'S N	AME	1		14 MOTHER'S MAIDEN	NAME	111	- 4	Q
Was Dage	JOHN MERGUSO	N	OCIAL	BERTHA WAI	LLACE	_	ADDRESS	
es, no or unknov	wn) Of yes, give war or dos		ECULITY NO.	A A	1/11	/	ADDRESS	
	no			Calhrene	Willelle	e sa	me	
18.4/	0.41		CAUSE OF DEAT					MATE INTERVAL
DISE	ASE OR CONDITION D			A. 4	- 711T			
	LEADING TO DEATH		(A) IMMEDIATE CAL	SE Wille	PUL			
	not mean the mode of e, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:				
	injury or complication which coused death.)							
	ANTECEDENT CAUSES	\$	/el	,				
DISEASES	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) staling the UNDERLYING CONDITION last.								
ONDEREIN	UNDERLTING CONDITION lest, (C)							
OTHERSIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
E 110 IHE DE	ATH BUT NOT RELATED TO 1	THE TERMINAL						
	DE OPERATION 198 CON	IDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes o	No 208 IF YES,	WERE FINDINGS O CAUSES OF	CONSIDI	ERED
O 21A. ACCID	WAS PEI	RORMED		wone	IN CERTIFYIN	O CAUSES OF	DEATH?	
21A. ACCID	21A. A CCIDENT WAS UNDERLYIND 21B. PLACE OF INJURY (e.g., in contribution) CAUSE OF home, form, foctory, sheet, of DEATH (notily medical exemined)			n or obout 21 C. WHERE OF	D (If In B	oltimore City, giv	re exact loc	ation)
DEATH (not				ace bruge tresout occor				
O 21D.TIME	OF INJURY While At Not While			21F. HOW DID	INJURY OCCURT			
OF INJURY				• 🗆				
		Work	At Work				FD 7	/ 0/
22. 1 certify that (1) (this hospital) attended the deceased from 24 3 1 197/ to 6/7 3-2/ 199/								
that (I) (w	e) last saw the deceas	ed alive on	5-4	19/one	d that in (my) (ou	r) opinion dea	th occurr	ed on the dot
ond hour o	and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.							
23A. SIGNA	23A. SIGNATURE					238, DA	TE SIGNED)
1/1	Cultiques & Cultiplication Attending Med. Staff. Phys.							
23C. PHYSIC	HANS	y a peru	/UEBREE	23D. ADDRESS	1,11/11			
23C. PHYSIC	//							
AA Piniai C	ANTHONY S.		M.D. DEGREE		HOPKINS H			(\$2)
REMOVAL	REMATION, 24B DATE	24C.NAME	of CEMETERY of CR	MATORY 24	D. LOCATION	(City, town,	or county)	(Stotel)
Bur	vel 3-24	21 14	when	(out	10all	1/41		MX
25A. DATE REC	TO BY HEALTH DEPT.	258 NAME OF RE	GISTRAR	25C FUNERAL DIREC	TOR		ADDR	RESS
MAR 23	19/1 Jabe 8	Valle 70	11 00	1 Porter Par	702/1001P	Vunto	, KL	in the second
VS 150 DEV 1/	11/40	and the same of th	12 12	- Land Market	100	and the same		



7200 54 0.55	BALTIMORE CITY	HEALTH DEPARTMENT		MA OSEA
D-300 71 2854	CERTIFICA	TE OF DEATH	REG. NO	71 2854
T.NAME OF DECEASED WATSON (Type of Print)	Dallett		ch 21, 1971	
	De Will		,	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO POLE TRAVE OF HE NOT IN HOSPITAL OR INSTITUTION INSTITUTION ADDRESS OR LOCATION)	ENDED	A. STATE B. COUN	114	nstitution: residence before admission
HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	OTION, GIVE STREET	C. CITY OR TOWN	KST 1	DE CITY LIMITS?
Church Home and	HOSPITAL	BALTIMOR		YES NO
100 N. BRUADWAY	21231	E. SIKEEI AND NUMBER		201
MARE WHITE WIDOWED		7 10 10	9. AGE (In years last birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even it relired)	Theater	Preston Co., W		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
15 Was Daniel 5 1 11 6 4 4 8		<u> </u>		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar doles of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	233-18-7576	Mrs Audra E. D	eWitt 1911	Bank Street
18.410,7 X+ 250,4	CAUSE OF DEAT	1 1	11 T.L	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PRO	sable Myocard	dial Infa	LC / 100
(This does not mean the mode of duing an	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		5 min ·
heart failure, osthenia, etc. It meons the disease, injury or complication which coused death.)	DUE TO, OR AS	CONSEQUENCE OF:		
ANTECEDENT CAUSES				1
DISEASES OR CONDITIONS, if ony, giving	(B)	A CONSEQUENCE OF:		
nise to the above cause (A) storing the UNDERLYING CONDITION last.	(c) Previous		1/2 Mowle	Aga.
11	(C/recordated advisory)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Quale	Tes MelliTus.		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	~~~~~	162 his/11/18.	***************************************	
198. CONDITION FOR V	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION			FINDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B.	NO or obout 21 C. WHERE DID	(If In Baltimore	e City, give exoct location)	
DEATH (notify medical examiner)	e, lann, laciary, street, an	ice bldg., INJURY OCCUR?		
= IOF INJURY	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
[APPROX.] Whi	le At Not While			
22. I certify that (1) (this hospital) attended th	e deceased from	02 10	9 <u> </u>	03 2 19 71
that (1) (ve) last saw the deceosed alive an	03 7	197/and the	t fn(my) (our) apin	nian death accurred an the date
ond haur and from the couses stoted goove,	(We) (did not) vi			
23A. SIGNATURE	1 46	. /		23B, DATE SIGNED
H. + Sepo hus /	DEGREE Phys.	Med.	Staff Phys.	3/21/7/
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	, ,	
	DEGREE	Charch K	Jour o K	tometer.
KEITTO THE (SPECITY)	ME of CEMETERY OF CRE		CATION (City	y, town, or county) (Stote)
	est Lawn	Howa	ard County,	Maryland
MAR 23 1971 Vale E Name o	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	. ALD.	T 277 0 7-27	T	
/S 150-REV. 1/1/68		Lilly & Zeiler	Inc. 1901	-07 Eastern Ave.

Marriage Record of Leo Watson DeWitt and Audra ellen Stier from West Virginia dated June 22, 1936 3-25-71 M.H.

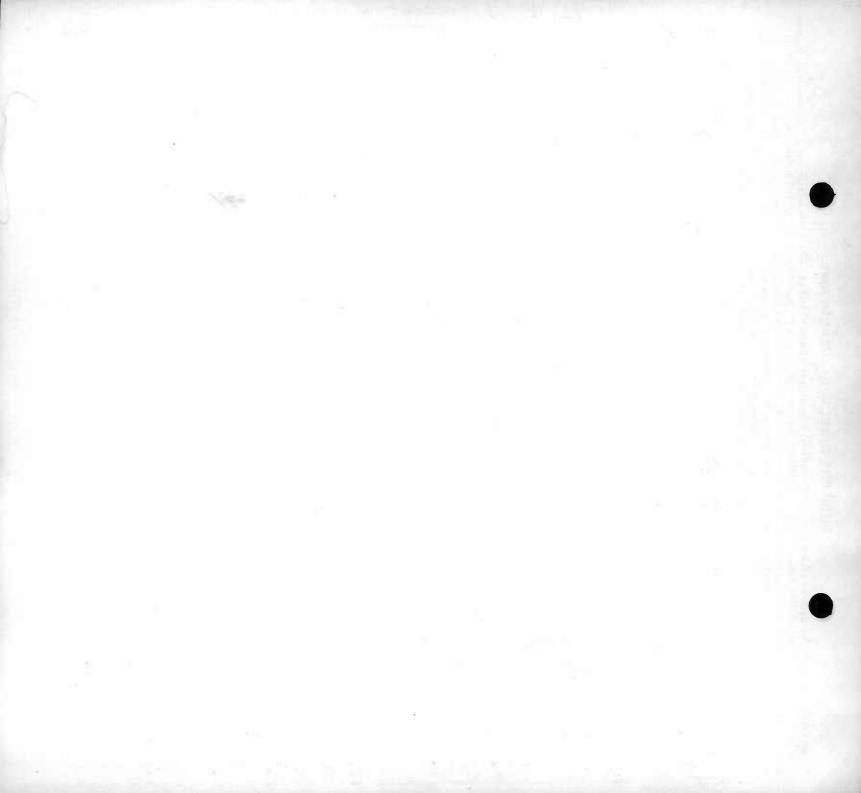
18 10 1 male white

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FUNERAL DIRECTOR:

4-107		Y HEALTH DEPARTMENT	vo. 71 2855			
BIRTH NO. 1. NAME OF DECEASED STORY	E A. LUBARSKI	TE OF BLATTI				
(Type or Print) Mr. Steve A.	Warski	Harch 22				
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	ed. Il institution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, CAVE STREET	Mary love	27712			
HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
Uman Memorial Hosp	to	Battemore	YES NO			
44 monet Hory	way	E. STREET AND NUMBER				
5- SEX 6- RACE 17-	444 page 157 and 157	B. DATE OF BIRTH 19. AGE (In von				
Male White	MARRIED NEVER MARRIED DIVORCED DIVORCED	Sept. 30, 1890 ost birthdoy	rs If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if telired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTE			
Tailor	Solf-employed	Kussia - ukrai	ne USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Anthony Lubay	ski	renknun				
5. Was Deceased Everyn U. S. Armed Forces Yes, no or unknown) (If yes, give wor or dotes of	? 1 6. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS			
nev kram	213-34-8293	Mrs. Louise Lubarski	Box 535, Arnold, Mary			
18. 1 4 3 1	CAUSE OF DEAT	1	APPROXIMATE INTERVAL			
(This does not meen the mode of dy heart failure, asthenia, etc. It means the injury or camplication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any nise to the above cause (A) structure to the condition to the conditions control to the conditions control to the death but not related to the conditions.	(B)	A CONSEQUENCE OF:				
19A. DATE OF OPERATION 119B. CONDIT	(A).	20A. AUTOPSY? (Yes or No) 20B, IF YES	WERE SHIPLING CONTRACTOR			
3/2/1/ 23/5/7/ WAS PERFOR	MED	No IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, sireot, affi	or obout 21 C. WHERE DID (If In B.	oltimore City, give exoci location)			
21D-TIME (Month) (Doy) (Year) ()	tour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.)	While At Work At Work					
22. I certify that (1) (this haspital) a			2/02 - 7/			
that (1) (we) last saw the deceased a		19 7 / and that in (my) (and	3/22 19.7/			
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
23A. SIGNATURE (23B. DATE SIGNED						
Latte Same	Atter		3/22/1971			
23C. PHYSICIAM'S NAME (Typel	DEGREE	Director LJ Phys. AJ	0/22/19//			
44. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)			
Burial 3-25-1971			ounty, Maryland			
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR				
	Raiber Mall 1 0		1901-07 Eastern Ave.			
S 150-REV 1/1/68	A CAMPAGE A CAMP	17 6 5 6				



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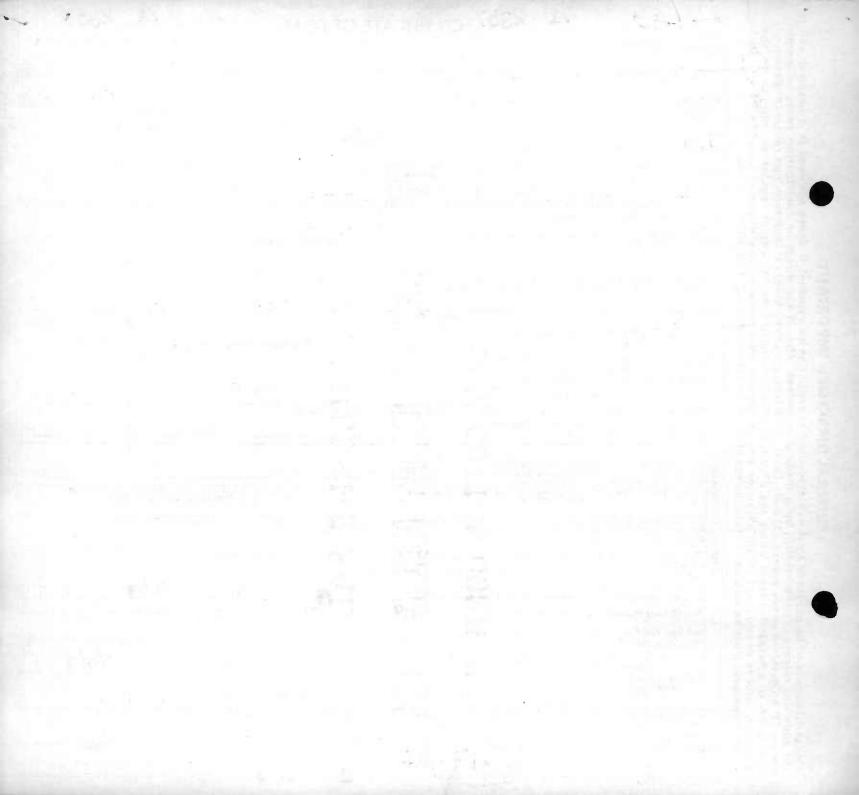
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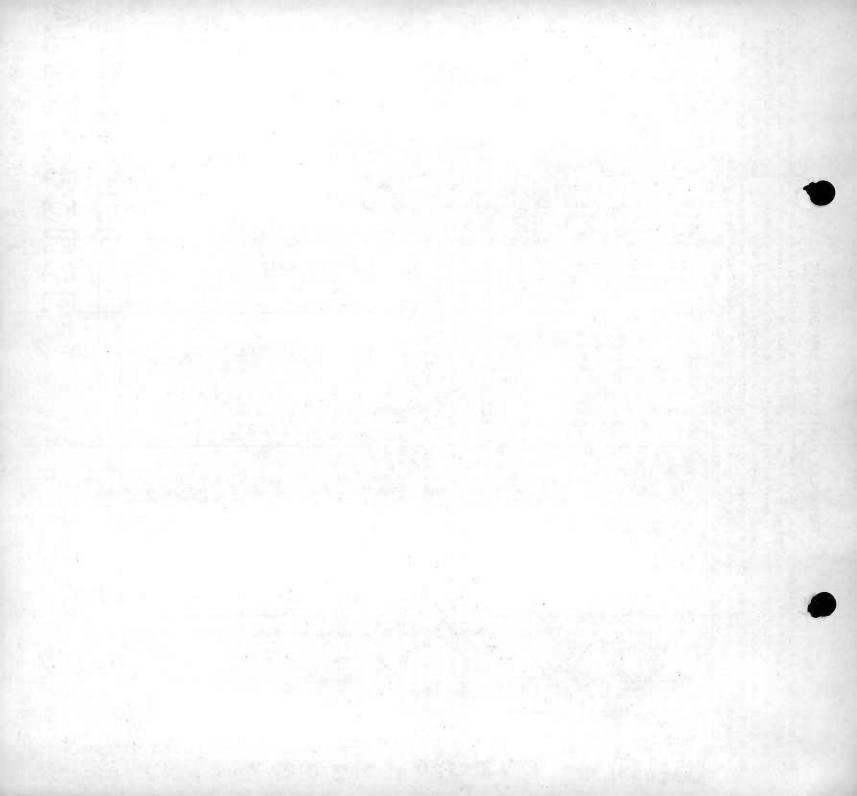
DIRECTOR:

FUNERAL

150 REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Hauts 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS 1913 E. 20th Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacotion)

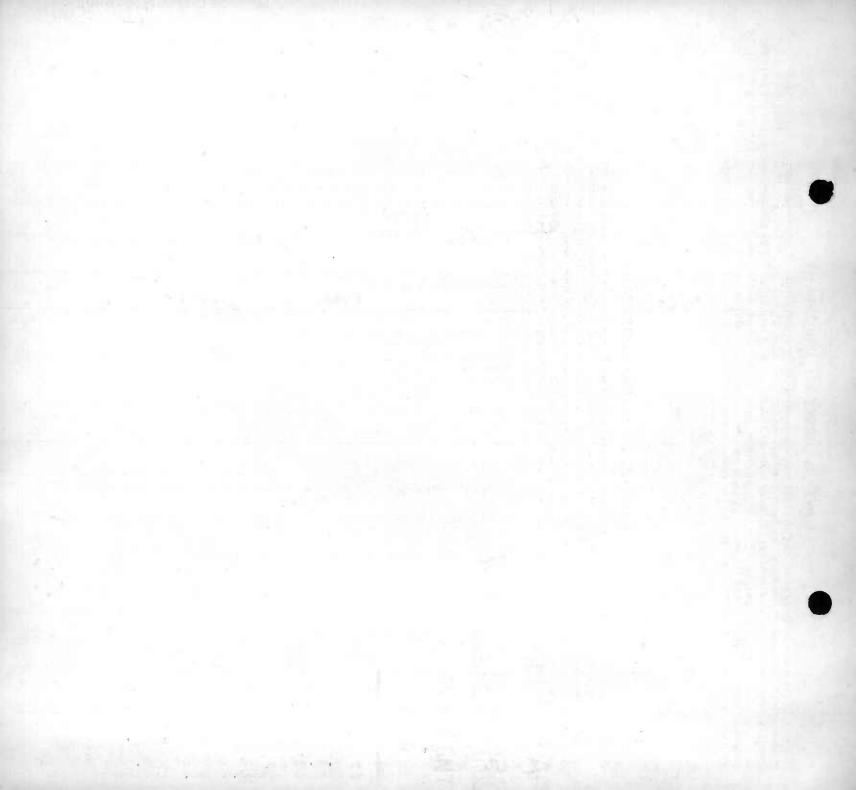
(State)





DIRECTOR:

FUNERAL



	N-26	20	71 MED	286:	BALTIMORE CITY HI	EALTH DEPAR	TMENT	F DEA	TH _{reg. no.}	71	2861
BIR	TH NO.										
	e or Print)		muel No	oakes		2. DATE OF DEATH	Known XXX Estimoted	Month 3	21	71	7:59 p _M
4. 1	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Manth	Day	Year	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NC	T IN HOSPITA	AL OR INST	TITUTION, GIVE STREET		SIDENICE (Wh	3	21	71	7:59 p. M.
	42	Si	nai Ho	spita	1	A. STATE Md	.51521462 (****		B. COUNTY	4	2788
6. 5	SEX	7. RACE		B. MARR	IEX NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	TY LIMITS?	
Т	nale	Ne	gro	WIDOW	VED DIVORCED	Ba	lto.		Y	ESX	NO 🗌
	DATE OF BIRTI		10. AGE (Ir lost birthda 24		If Under 1 Yr. If Under 24 Hrs Months; Days; Haurs; Min	E. STREET A	ND NUMBER O W. Bel	lerod on o	A == 0 == 0		
	2/9/47 BIRTHPLACE (S	itate ar farei		-	12. CITIZEN OF	13. FATHER'		rvedere	Avenue		
			,,		WHAT COUNTRY?						
	Balto. USUAL OCCU			14B. KIND	OF BUSINESS OR INDUSTR	Samue I	Noakes S'S MAIDEN N	Sr.			
I.	aborer_			Const	ruction	Elois	e Maso	n			
16.	WAS DECEAS		U.S. ARMED	FORCES	? 17. SOCIAL	1B. INFORM	ANT		A	DDRESS	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO	(, ,			,	Genit	ha Noak	es 10	35 Orlea	ns St.	
	19. 30 9	191			CAUSE OF DE	ATH		973 (7			PPROXIMATE INTERVAL VEEN ONSET AND DEATH
F.	DISEAS	E OR CONE	DITION DIRE	CTLY							
		LEADING T			(A)IMMEDIATE	CAUSE	Varcotis	m			h = 4 h= 1 h h b 7 0 7 0 0 0 0 0 0 7 7 7 7 7 7 7 7 7 7
	heort foilure	, osthenio, et	mode of dy c. it means the ich coused dec	disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	DISEASES O	NTECEDENT OR CONDIT E ABOVE CA NG CONDIT	ONS, IF ANY	r, GIVING TING THE		AS A CONSEC	DUENCE OF:				
2	OITERETT	10 001101	TOTT LAST.		(c)						**************************************
CERTIFICATION	TO THE DEA	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN P	THE TERM	INAL						
RTI					FOR WHICH OPERATION V	VAS PERFORM	ED			21. AUTC	PSY? (Yes or No)
_	2									yes	
EDICA	UNDERLYING		ITRIB-		22B. PLACE OF INJURY (e.g. hame, form, foctory, street, off	., in or obout 2 ice bidg., etc.)	2C. WHERE DI NJURY OCCUR	D (If in Bolting?	ore City, give ex	oct locotion)	
Σ	22D. TIME		Day) (Yeo	r) (Hav	r) 22E.INJURY OCCURRED	2	2F. HOW DID	INJURY OC	CUR?		
5	OF INJURY (APPROX.)					WORK					
	23.	ify that I i	neld on I	namiry	Inspection 🗌 A	utopsy XX	and that o	n this bosis	, deoth in my	opinion	
			Notural cau	11. 4			micide 🗌		nined manner		
	resui	red ITOIII.	J Cut	743 73	Accident 🖂 💮		CHIEF MEDICA				
	ACTUAL	(71	11	NATI	ASSI	STANT MEDICA				DATE SIGNED
	SIGNAT		-4/1	100	M.	U.	CIATE MEDICA				3/22/7
	NAME (Peter	Lip	kovic, M.D.	ASSO	CIATE MEDICA	AL EXAMINE			3/44//
24	A. BURIAL CRE	MATION,	24B. DATE	P.	24C. NAME of CEMETER	Y or CREMATO	RY 24	D. LOCATIO	N (City, taw	n, or caunty	(State)
RE	MOVAL (Speci Burial	fy)	3/26/7	1	Western Star		В	altimor	e, Md.		

ADDRESS HOPE ADDRESS HOPE & Dyett Fun. Home, Inc.

25 A. DATE REC'D BY HEALTH DEPT.

MAR 23 1971 Radua C. 3

25B. NAME OF REGISTRAR

	TY HEALTH DEPARTMENT
	ATE OF DEATH REG. NO. VI 2862
1. NAME OF DECEASED (Type or Print) (2)	2. DATE AND HOUR OF DEATH
CRAWLEY, WOODROW	3 20.71 at 4.10 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CILY OR TOWN D. INSIDE CITY LIMITS?
LUTHERAN STOSPITHL & MARYLANG	Baltimote YES NO
46	3221 Westwood are.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
Mode Negro WIDOWED DIVORCED	12-7-1916 Idst Dirindoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (GI) e kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Chayfeur Harmacy	Blackstone VA. V.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moses Kpas	Dolly Crawley
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, ng of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 217-07.5453	MARY Crawley 3221 Westmont Ave.
DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Companie Configurately
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF TO Having blue offen
ANTECEDENT CAUSES	of the speed of the state of
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	0 =
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	PACTURE CONTROL OF THE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21 C/WHERE DID
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 218 PLACE OF INJURY (e.g., home, farm, foctory, street, or els.)	in or obout 21CZ/WHERE DID (If in Boltimore City, give exoct location)
OF INJURY (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI No! While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	1971 ta 3 20 19)/
that (1) (we) last saw the deceased alive on 3.20	ond that in(my) (our) opinion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)	riew the bady after death.
23A. SIGNATURE	- 23B, DATE SIGNED
Program Phy	11/11
Totale triper	23D. ADDRESS
ALTAX A - ARAIN DEGREE 24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETREY OF CRI	LUTHERAN Stopping of MARYLAND.
REMOVAL (Specify)	(Side)
Bur, 4 L 3/23/7/ CARver	haurel Md.
MAR 23 1971 Refer to See 18 19 19 19 19 19 19 19 19 19 19 19 19 19	25C FUNERAL DIRECTOR COMPETENT DE ADDRESS BANK
/S 150-REV. 1/1/68	

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VS 151-REV. 1/1/6B

Dyett 1701 Lawrens St.

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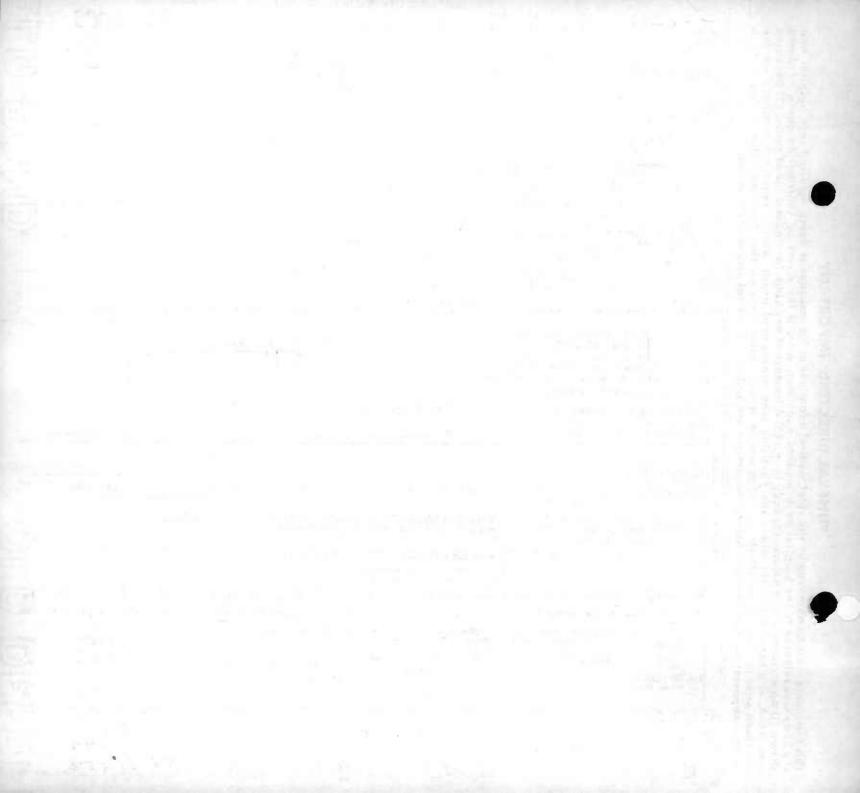
DIRECTOR:

FUNERAL



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1		HEALTH DEPARTMENT			
7-620 71 286	5 CERTIFICA	TE OF DEATH	REG. NO.	71 2865 -	
1. NAME OF DECEASED (Type of Print) Forcey, will a	am C.	3/20	1/7/1	M _o	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROF	NOUNCED DEAD	4. USUAL RESIDENCE (Where	daceased lived. If in	stitution: residence before admission)	
FULL NAME OF HOSPITAL OR INS ADDRESS OR LOCATIONI INSTITUTION	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN		DE CITY LIMITS?	
INTEREST DISCLASED TO PRICE PROPERTY OF A P			Venue		
5. SEX 6. BACE 7. MADDI	ED TO MENTER MADRIED TO	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Ys. If Under 24 Hrs. Months: Days Hours Min.	
Mate Negro WIDOW	ED DIVORCED	//- 8 - / 6	60		
done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY		n country!	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	IE 31		
0		IDa	Burs		
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give war or dates of service.	e) SECURITY NO.	17. INFORMANT CRAC	A	ADDRESS	
				APPROXIMATE INTERVAL	
LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. it means the disea injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the complete of the complet	DUE TO, OR AS	A CONSEQUENCE OF	reemone my/c	45	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			7		
		20A AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED	
19A DATE OF OPERATION 19B CONDITION FO WAS PERFORMED			IN CERTIFIING CA	USES OF DEATH!	
OR CONTRIBUTING CAUSE OF	home, farm, factory, street, or	n or obout 21 C. WHERE DID line bidg. INJURY OCCUR?	Uf In Boltimor	e City, give exect lacation)	
210-TIME (Month) (Doy) (Year) (Hous)	While At Not While	• 🗂	JRY OCCUR?		
	2/2		77	3 / Z . 19 7 / nian death accurred an the date	
and have and from the couses stated above	. (1) (We) (did) (did not) v	/ /	-		
23A. SIGNATURE				238, DATE SIGNED	
I Check	DEGREE Phy		Staff D Phys.	3/20/71	
	HEIKH		Nemo	rial Hospital	
		EMATORY 24D. LO	CATION (C	ity, town, or county) (State)	
25A, DATE REC'D BY HEALTH DEPT. 125R NAA	AE OF REGISTRAR	25C FUNERAL DIRECTOR	A HO,	ADDRESS	
MAR 93 1271 R.C. G.E. &	a MA O O	MORTON+	yett 17	OI LAYEENS ST.	
	7	- 64	7		



Da	4.2		BALTIMORE CITY	HEALTH DEPARTMENT		74 2000			
BIRTH NO.	71	2866		TE OF DEATH	REG. NO	71 2866			
Type or Print				2. DATE AN	D HOUR OF DEATH				
	Ross, J	ames D.			19-71 3-19	71 12:39 a.			
3. PLACE IN B.	ALTIMORE MARYLAND, V	WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution; residence belore admis			
FULL NAME OF HOSPITAL OR	Provident Ho	spital, In	ic.	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
139	2600 Liberty	Heights A	venue	Baltimor	e	YES X NO			
	Baltimore, M			E. STREET AND NUMBER					
5. SEX					krose Avenu	e			
Male	6. RACE	WIDOWED	DIVORCED	10 12 10	9. AGE (In years lost bisthdoy)	Months Doys Hours Mi			
IOA, USUAL OC	CUPATION (Give kind of wor	108 KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	an country	12. CITIZEN OF WHAT COU			
done during most	ol working life, even if retired) rpenter					in differ of what cool			
13. FATHER'S N	4	1	*	AMM Alabama	VE	U. S. A.			
				14. MOTHER'S MAIDEN NA	ME				
16.14									
(Yes, no or unknow	ed Ever in U.S. Armed For vn) (If yes, give wor or date	ces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
no		21	7-18-3590	Anniedell Ros	ss (wife)	Same			
18. / 6	21/1		CAUSE OF DEATH	11	1 (0	APPROXIMATE INTERV			
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	FRMINI	AI METICIFIAL	A VOSUA	PII 2 MARA			
(This does	not mean the mode of	dvina e a	MIMMEDIATE CAU	E TICHSIA IIC	A MUMIA	ry- o yours.			
heort loilure	e, asthenio, etc. It means	the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	16				
injury of co	amplication which caused			LUA					
	ANTECEDENT CAUSES		(8)						
DISEASES	OR CONDITIONS, if he above cause (A)	any, giving	DUE TO, OR AS	CONSEQUENCE OF:		1000000000000000000000000000000000000			
UNDERLYIN	NG CONDITION lost	sioling the	(c)						
	11		(0)						
OTHERSIGN	IEICANT CONDITIONS CO	NTRIBUTING							
TO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	*******************************						
19A. DATE C	F OPERATION 1198 CON	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES. WERE	FINDINGS CONSIDERED			
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	WAS PERI	FORMED		NO	IN CERTIFYING CA	USES OF DEATH?			
OR CONTRIE	ENT WAS UNDERLYING DESTRUCTION CAUSE OF LY medical examined	21 B. PLA(home, lo	CE OF INJURY (e.g., in rm, foctory, street, offi	or obout 21 C. WHERE DID co bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)			
OF INJURY	(Month) (Doy) (Year)	(Houd 21E INJ	URY OCCURRED	21F. HOW DID INJU	URY OCCUR?				
(APPROX.)		While At							
22 1	Al-ma (1) (Al-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Work	At Work	18-71		3-18-71			
	y that (1) (this hospital		ceased from	······································	7ra	19			
) lost sow the decease			19ond the	ot in (my) (our) api	nian death occurred an the			
and hour a	d from the causes stat	ed above. (1) (Wa) (di d) (did nat) vi	ew the body after death.					
23A. SIGNAT	URE 1/921	110			- /	23B, DATE SIGNED			
	CHO!	VN.D	Atten Phys.	ding Med.	Staff Phys.	3-19-71			
PHYSICI NAME (ENIEND A	1.411	(1)		ent Hospita	and the state of t			
24A BURIAL CR	EMATION, 24B. DATE	24C. NAME	of CEMETERY OF CREA			Balti., Maryland by, town, or county) (Stote			
REMOVAL						-10 count of one mall			
BUT	ial 3-23-7		utus Mem.	Pk.	Balto.	Md.			
MAR 93	1071 74.88	258 NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	ERNOUR. 134	ley ADDRESS			
15 160 PEV 1/2	We would be de		34- 13 17 1	March F. A. B	548 N. Cal	hourst. Marine			
- IJUTALVA I/ I	# NA 62								

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PERSONAL SECTIONS TIES

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Provident Nospital, Inc. 2500 Liberty Heights Ave. Salti., ...

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16-112	1)	N	BALTIMORE CITY HE						
17-40	MEG	MEAL EX	AMINER'S	CERTIFIC	CATE OF	DEATH	REG NO	4	2867
BIRTH NO.				2. DATE	Known 🔀	Month	Dov	Yeor	Tu-
(Type or Print)		o1+		OF	Estimated	3	21	71	9:00 p. M.
4. PLACE IN BAL	Francis H		UNCED DEAD	3. DATE	Estimated E.	Month	Dov	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET		JNCED DEAD	3	21	71	9:00 р. м.
00	1429 Pennsy	lvania A	venue	A. STATE	residence b	efore odmission)			
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
male	Negro	WIDOWED		Bo	a/40.		YES	· 国 ·	NO 🗆
9. DATE OF BIRT	H 34 10. AGE (I lost birthdo	y) Month	der 1 Yr. If Under 24 Hrs. Is 1 Doys 1 Hours 1 Min.	E. STREET A	34 Lner	DYETT	E AV	e .	
	State or foreign country)	W	HAT COUNTRY?	13. FATHER	s NAME	14014			
14A.USUAL OCCU	IPATION (Give kind of work working life, even if retired)			15. MOTHER	R'S MAIDEN NAM	,			
16 WAS DECEAS	ED EVER IN U.S. ARMEI	PORCES?	17. SOCIAL	1B. INFORM		OWN	AD	DRESS	
(Yes, no or unknown	(If yes, give wor or dotes		SECURITY NO.	1//	1/2/4	<		DKE33	
19.			CAUSE OF DEA	Helen	14011	0	AME	API	PROXIMATE INTERVAL
70	5 1				onchopneu			BETW	EEN ONSET AND DEATH
DISEASES (RISE TO TH UNDERLYIN	nplication which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	Y, GIVING TING THE	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				
DISEASE OF	VIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	THE TERMINAL					************		
20 A. DATE O	F OPERATION 20B. CO	NDITION FOR V	VHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or Na)
UNDERLYING	NAL CAUSE WAS GOR CONTRIB-	22B. Phome,	LACE OF INJURY(e.g., form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE DID ((If in Boltimore	City, give exoc	W	
OF INJURY (APPROX.)	(Month) (Doy) (Yeo	W		WHILE 2	2F. HOW DID IN	JURY OCCUR	?	4	4
23.	tify that I held on I	inquiry 🗌	Inspection Au	topsy XX	ond that on th	nis bosis, d	eoth in my c	pinion	
resul	ted from: Notural cou	ses XX Ac	cident Suicio	de 🗌 Ho	omicide 🗌	Undetermin	d monner		
ACTUAL	1	1,000	+10		CHIEF MEDICAL E		_		DATE SIGNED
SIGNAT		LOYU	(ly) M.D	ASSI:	STANT MEDICAL E	XAMINER [
EXAMIN NAME (Type)				CIATE MEDICAL E				3/22/7
24A. BURIAL CREI	ig/ 3-26	-71	MAME OF CEMETERY	burn	Cen.	Ba /	(City, town,	Id.	(Stote)
MAR 9	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. 1	SON SF. A	H. 13	10 0	ODRESS GLHJU	in 57
VS 151-REV. 1/1/6	R	1 2 7		6-9	0 0	1			

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V (1) 71 2868	BALTIMORE CIT	HEALTH DEPARTMENT				
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	71 2868			
1. NAME OF DECEASED (Type or Print) Charles Kirb	y	2. DATE AND HOUR OF DEA	TH 10 P. I			
FULL NAME OF ADDRESS OR LOCATION) TOLL NAME OF ADDRESS OR LOCATION) TOLN 5 HOPKINS HOSPITAL OR INSTITUTION TOLN 5 HOPKINS HOSPITAL		A. STATE & COUNTY Maryland				
3.3		3907 Greenway				
M Caucasian WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy) 56	H Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KINO OF BU done during most of working life, even if refired) L. P. Nurse	SINESS OR INDUSTRY	Baltimore Co. Md.	USA			
William Kirby		14 MOTHER'S MAIDEN NAME Marie Eder				
	Security No. 18267461	17. INFORMANT Leroy E. Kirby 3907 Gre	ADDRESS enway			
(This does not mean the mode of dying, e.g., heart failure, esthenia, etc. It means the disease, imjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(B) DUE 10, OR AS	eritowitis eritowitis a consequence of: vited gastric ulcer	24 hours			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. OATE OP OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	1 . 1	20A. AUTOPSTY (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
	STRIC UICEVACE OF INJURY (e.g., form, factory, street, o		In O Imere City, give exact location)			
OF INJURY	21D.TIME (Month) 1Doy) (Year) (Hous 21E INJURY OCCURRED 21F. HOW OID INJURY OCCUR? White At 1 Not White 1					
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (1)	March	March 14, 19 7/ to 14, 19 7/ to 14, 19 7/ to 19 14, 19 7/ to 19 14, 19 1	March 14, 197/ apinian death accurred an the da			
23A. SIGNATURE and D. An 23C. PHYSICIAN'S	A HA	ending Med. Staff 107	3/14/71			
David G. Ansel	, M.D. DEGREE E OF CEMETERY OF CR	The Johns Hopkins H	ospital (City, town, or county) (State)			
Burial 3/17/71 Dular		lem. Gardens Cockeysvil	le Balto. Md.			
MAR 23 1971 The Bank & Markey 9	0 0	Mitchell Wiederald Home	6500 York Rd.			

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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

Tenders de la company de la co

M	240	71 %	870		HEALTH DEPART		71	2870			
BIRTH NO.				CERTIFICA	TE OF DEA	ATH REG. NO.	V	20.0			
1. NAME OF					2.	DATE AND HOUR OF DEAT	Н				
	Mrs. Fl	orence M	ichae	1		3-14-1971		11:05 A			
3. PLACE IN	BALTIMORE, MAR	LAND, WHERE I	RONOUNC	ED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived, to B. COUNTY	institution; res	idence before admissio			
FULL NAME	LL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION					JICK.	/	200			
HOSPITAL O	R ADDRESS	OR LOCATION	11431110110	IN, GIVE SIKEEL	C. CITY OR TOWN		USIDE CITY LIA	IIIS2			
					Balton D. INSIDE CITY LIMITS?						
91	KESWI				E. STREET AND NO		152 (30)	140			
/ /	700 W	. 40th.	St.Ba	lto.Md.	200 1	W. HOTH ST.	,				
S. SEX	6. RACE	7- MA	RRIED 1	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under	1 Yr. If Under 24 H			
F	White		OWED V	DIVORCED	9 7 5 7 9 00	lost birthday)	Months	Days Haurs Min.			
IOA, USUAL	OCCUPATION (Give)	ind of work 10B. KI		SINESS OR INDUSTRY	8-15-189	7 73	12 CITIZE	N OF WHAT COUNT			
done during mo	ast at working tife, even	if retired)					12. 011121	SEWHAJ COUNT			
	ousewife					England	Ţ	J S A			
3. FATHER'S	NAME				14. MOTHER'S MAI	IDEN NAME					
Willi	am Bibby				Maria A	netin					
5. Was Dece	nown) (II yes, give w	Armed Forces?	rvice) 16.	SOCIAL	17. INFORMANT	WD O TH		ADDRESS			
NC	4.4	u. vi duics di Se		SECURITY NO.	Kaguri	ok Modical De-	0m2 = FC	O W hote a			
18. Luka	/ 2) = :		12	20-014003 I		ck Medical Rec	oras /				
1 /	SEASE OR CONDI	HON DIACON		CAUSE OF DEAT	\sim		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEA			
Di	SEASE OR COND! LEADING TO				Theu.	uma		2 days			
(This do	es not meon the	made of dvina.	e.g.,	(A) MMEDIATE CAU	SE A CONSEQUENCE OF			c word 2			
heat ail	lure, asthenia, etc. camplication which	I means the di-	92092	DUE TO, OK AS	CONSEQUENCE OF	would stand To	de de la				
	ANTECEDENT			1)	1112	Daci -	0000	Il days			
Dierass				(B)	sinhbor,	Caspinagendo		1 10012			
tise lo	S OR CONDITIO	NS, il any, se (A) station	giving the	DUE TO, OR AS	A CONSEQUENCE O	F:	7 (0			
UNDERL	YING CONDITION	last.		(c) DX(1)	Just Mus	Locardial late	resteri	1413			
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	GNIFICANT CONDITI	ONS CONTRIBU	TING	Khruma	1 LINE	Dahaa A		12			
✓ IDISEASE (DEATH BUT NOT RELA	N IN PART 1 (A).			and cent	OSCOULING		1 201			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER THE STREET OF DEATH?								ONSIDERED			
19A. DATI	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?										
OP CONT	OP CONTENENTIAL CONTRACTOR OF THE PROPERTY OF										
DEATH (notify medical exomin	eil	etc.)								
21D. TIMI	E (Month) (Day	(Year) (Hour	21 E. INJ	URY OCCURRED	21F. HOW	DID INJURY OCCUR?					
OF INJUR			While A			7					
			Work	At Work			a f	,			
	tify that (1) this				2 Treft	19	4 Mac				
	we) last saw the			Mar		and that th((my) (our) a	pinian death	accurred an the da			
and haur	and fram the cau	ses stated abo	40 (1) (W	e) (did) (dld nat) vi	ew the body ofter	death.					
23A. SIGN	ATURE	/				/	23B. DATE				
1	whey D	F.L.	day	Atter	Med.	Staff Phys.	1.5	man 1921			
23C. PHYS		· Juc 80	The sect	DEGREE 1	3D. ADDRESS	rays, bud	1/-3	and of the			
1		D4 - 1 3 -				est 40th Stree	רתכוכ +				
4A. BURIAL	CREMATION, 24B.			ol CEMETERY OF CRE							
REMOV	AL (Specify)		4C. NAME				City, town, ar				
		/17771	BA	LTIMORE	NATIONAL	BALTIMO		0.			
DATE RE	O D BY HEALTH	7 A 258. W	ME OF RE	GISTRAR	25C. FUNERAL D	IRECTOR MYGLAN	m	ADDRESS			
MINTEN !	CO DIE VE	مناعدة ح. الأه	uben, A	n n	Mist chell	Widefeld 65	00 York	Road			
S 150-REV.	1/1/68	1	J 1,		64						

TE WOLL WHO ST.

- Present

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No We

IMPORTANT

FUNERAL DIRECTOR:

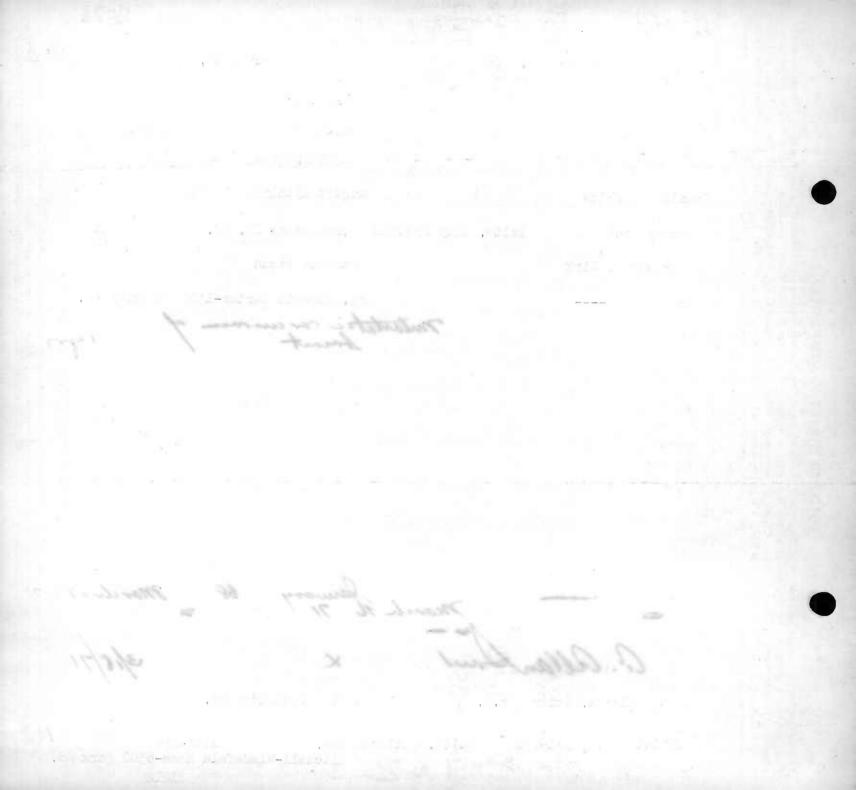
NO

Hours

If Under 24 Hrs.

(Stote)

21212



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

29 Murray Hill Cir Adm. 5/20/69

The Land Common wife

protection agreement to the State of the Sta

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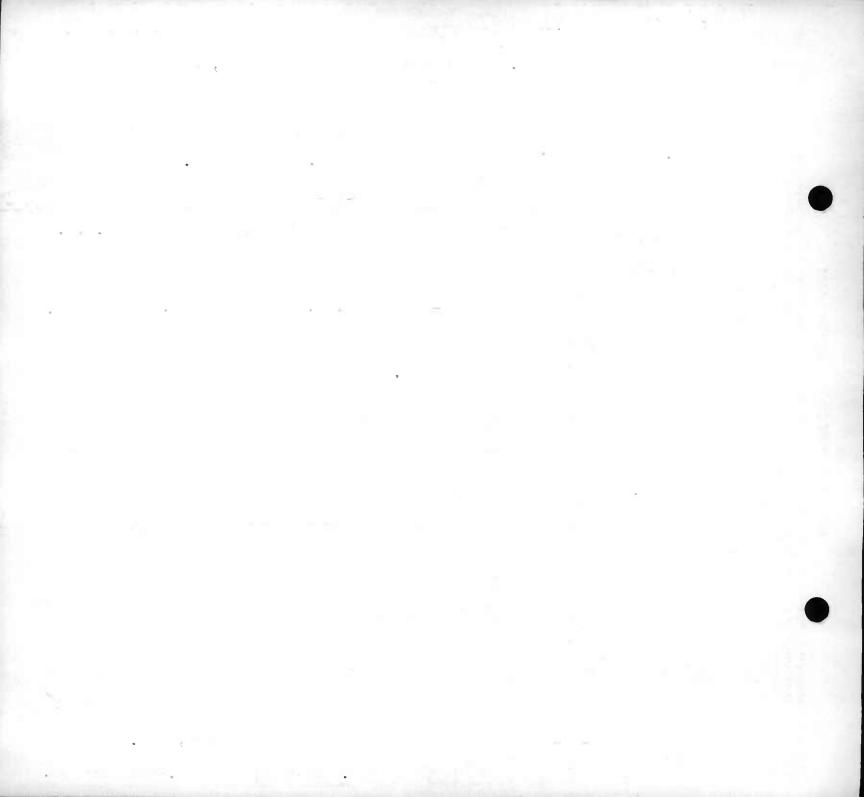
4. PLACE IN BALTIMORE, M FULL NAME OF HOSPITAL OR INSTITUTION 328 S. Mont 6. SEX 7. RACE	C. (ELLER) ARYLAND, WHERE PO OT IN HOSPITAL OR INS SESS OR LOCATION)	RONOUNCED DEAD	OF DEATH Estimoted 3. DATE Month		M.			
FULL NAME OF HOSPITAL OR INSTITUTION 328 S. Mont	OT IN HOSPITAL OR INS		II.3. DATE Month	Dov Yeor	Hour			
HOSPITAL ADDR 328 S. Mont 6. SEX 7. RACE	ESS OR LOCATION)	IIIUIIUN, GIVE SIKEEI		h 20,1971	11:30 A.			
6. SEX 7. RACE			5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY					
6. SEX 7. RACE	coe Street							
79 1 1 1 1 1	- 12	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?	NITS?			
Female Whit		WED X DIVORCED	Baltimore	YES 🛣	NO 🗆			
9. DATE OF BIRTH	10. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.		S. Calhou	ın Street			
9-3-1928 11. BIRTHPLACE (State or fore	42 XX	12. CITIZEN OF	13. FATHER'S NAME	. S, Calliou	III Street			
		WHAT COUNTRY?		otto				
Tucker Co., We	ive kind of work 14B. KIN	U.S.A. D OF BUSINESS OR INDUSTR	Wilbert Roy Knotts RY 15. MOTHER'S MAIDEN NAME					
done during most of working life, e Unemployed			Grace Goff		HALL THE			
16. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give	U.S. ARMED FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS	26289			
			Greenlief Funeral Ho		West Virginia			
19.	9 X	CAUSE OF DEA			WEEN ONSET AND DEATH			
DISEASE OR CON		(A)IMMEDIATE	ral Hematoma					
(This does not mean the	5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0							
heart failure, asthenia, e Injury or complication wh								
ANTECEDEN	ANTECEDENT CAUSES (B)							
DISEASES OR CONDIT	TIONS, IF ANY, GIVING		R AS A CONSEQUENCE OF:					
UNDERLYING CONDI	TION LAST.	(c)						
OTHER SIGNIFICANT CO	II CONTRIBI	ITING Cina	basis of Timor					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CIrrhosis of Liver TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
- I		FOR WHICH OPERATION V	VAS PERFORMED	21. AUT	OPSY? (Yes or No)			
0					yes			
22A. EXTERNAL CAUS	E WAS	22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	i., in or obout 22C. WHERE DID (If in Boltim lice bldg., etc.) INJURY OCCUR?	ore City, give exoct location				
☐ UTING ☐ CAUSE OF DE	ATH.	Unk.	Unk.	0.0-	00			
OF INJURY	(Doy) (Yeor) (Ho	WHILE AT NO	T WHILE -	LUR?				
(APPROX.) Unk	nown	m. WORK AT	WORK K Unk.					
10.	held an Inquiry	☐ Inspection ☐ A	utopsy X and that an this basis	s, death in my opinion				
	Natural couses			mined manner				
/	1. 121	1711	CHIEF MEDICAL EXAMINER		DATE SIGNED			
ACTUAL SIGNATURE	hed M	lub	.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER					
EXAMINER'S RO	₹ 📙 3/	21/71						
NAME (Type) 24A. BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATIO	N (City, town, or count	ty) (Stote)			
THE DURINE CREMATION,								
REMOVAL (Specify) Burial	3-24-1971	Fairview Cem	etery St. Geor	rge, West Virg	inia			

VS 151-REV. 1/1/68

Allowing the problem Ale of the second

	2 (6 A 7) 0 - M +	ATE OF DEATH REG. NO. 71 2874				
(Ty	ype or Print) Ella Cornelia Wise Glick	March 20, 1971				
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admissing the state of the state o				
0	3509 Mary Avenue 21214	Baltimore YES NO				
F	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED	Aug. 19, 1879 Cast birthday) 91 Months Doys Hours Min.				
9011	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRING Modern of working life, even if retired) Homemaker	Bridgewater, Virginia				
	George N. Wise	Rebecca J. Whitmore				
15. Yes	Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 231-464020-D	Mrs. Elmer M. Hurst-3509 Mary Ave. 21214				
Z	heart failure, asthenio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)	USE VA CONSEQUENCE OF: LO - SOUROTEC STATE SUPPLIES 10 - VASCULAR DISEASE 10 years 10 years 10 years				
F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, form, factory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?				
2	(APPROX.) While At Work At Work					
	22. I certify that (I) (this hospital) attended the deceased from 15 that (I) (we) last saw the deceased alive an 15 careful (I) (We) (dtd) (did not) v	the day				
	DECREE 11	anding Med. Shaff 238. DATE SIGNED Shaff Director Phys. 3/21/7/ 23D. ADORESS				
24A.	G. J. Sawyer, Jr. M.D. A. BURIAL CREMATION, 1248. DATE 24C. NAME of CEMETERY OF CRI REMOVAL (Specify) Church of the Re	4808 Harford Road, Baltimore, Md. EMATORY ethern Cem [24D. LOCATION (City. lown, or county] (State)				
] 25A.	Burial 3-23-71 Ondren of the Brown AR 23 1971 Judges 1 St. MANN OF REGISTRAR	Bridgewater, Virginia 25C. FUNERAL DIRECTOR Howard H. Hubbard-4107 Wilkens Ave. 21229				
	150-REV- 1/1/68	Howeld His Habbella Tion Williams				

G-2/6 BIRTH NO.	71	28	75 CERTIFICA	HEALTH DEPAR		REG. NO	71	2875
1. NAME OF DECE		n S. G	asparovic]:	2. DATE A	th 20, 197		
3. PLACE IN BALT	MORE MARYLAND, V			4. USUAL RESID	ENCE (WH	ere deceased lived. If		M. idence belore odmissian)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	TAL OR INSTI	TUTION, GIVE STREET	Maryla	W 000	NTY	/	(a) /
INSTITUTION	ADDRESS OR LOC	AIIONI		C. CITY OR TOWN	V	D. IN	SIDE CITY LIM	NITS?
00	21			Baltim			YES 🔼	NO 🗌
	reeper St.	•		E. STREET AND I		eper St.		
I amount of	. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under	
Male	White	WIDOWED	DIVORCED	11-12-18	86	lost bighday)	Months	Poys Hours Min.
done during most of w	ATION (Give kind of world)	108 KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or lor	eign country)	12. CITIZE	N OF WHAT COUNTRY?
Self Emp	-	Groc	er	Czechos	lova	k⊋a		U.S.A.
13. FATHER'S NAM				14. MOTHER'S M.	AIDEN NA	ME		
Stephe				Juli	a			
15. Was Deceased E (Yes, no or unknown)]	ver in U.S. Armed For I yes, give wor ar dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			-	ADDRESS
No		2	17-32-8069	Mrs. A.G	aspa	rovic 2 N	.Stree	per St.
18. 4 =	6.4		CAUSE OF DEATH					APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY		Coppe	00-	VASC. Dec	inden and BET	TWEEN ONSET AND DEATH
	Mean the mode of	dvina on	(A) IMMEDIATE CAU	SE		DIOZE DE	, sex)	
hearl laflure, o	lhenia, elc. Il meons	the discose	DUE TO, OR AS A	CONSEQUENCE O	F:			
	icalion which coused							
	ITECEDENT CAUSES		(B)					
rise to the	CONDITIONS, if abave cause (A) CONDITION last.	any, giving slaling lhe	(C)	A CONSEQUENCE	OF:			## + + + + + + + + + + + + + + + + + +
_	11							***************************************
TO THE DEATH	ANT CONDITIONS COL BUT NOT RELATED TO THE IDITION GIVEN IN PAR	HE TERMINAL	GNen.	LONIA	/	4 pos 701	٠, ح -	_
19A. DATE OF C	PERATION 198 CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or N	208, IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DE	ONSIDERED ATH?
OR CONTRIBUTE	WAS UNDERLYING NG CAUSE OF	218 han	PLACE OF INJURY (e.g., in ne, farm, factory, street, alf)	ar about 21 C. WHE	RE DID	(II In Baltimo	re City, give e	exoct lacotion)
21D. TIME (Aanth) (Day) (Yeor)		INJURY OCCURRED ile At Not While At Wark		DID IN	URY OCCUR?		
22. I certify th	at (1) (this hospital					10/4. 10	And air	2012
	st saw the decease			9 19 71		1964 to <u>PC</u> nat in(my) (aur) apl		accurred on the date
and hour and f	am the causes stat	ed obove. () (We) (did) (did not) vi	ew the body ofte	r deoth.			
23 A SIGNATURE	27	,					23 B, DATE S	SIGNED
5	UL am, ?	77	DEGREE Phys.	ding Med.	lor 🗌	Staff Phys.	3/0	22/71
23C. FHYSICIAN NAME (Type	ANDREW	LEL		26 OV E	BPL	Marke	82.	BALTO HOP
24A. BURIAL CREMA REMOVAL (Spe	TION, 248. DATE	24C. N.	AME OF CEMETERY OF CREA	MATORY	24D. L	OCATION (Ci	ty, town, or co	ounty) (Stote)
Burial	3-23-7	1_Hol	y Redeemer (Cemetery	Ba	ltimore,	Mdl.	
MARY 4 C 197	HEALTH DEPTE E.	AAME		25C. FUNERAL	DIRECTOR			ADDRESS
VC 350 DEV 1/1/10		7		D. Labi	OWSK	i 2818 E.	Rattim	nore St.



IMPORTANT

FUNERAL DIRECTOR:

	11/1				BALTIMORE CITY	HEALTH DEPARTMENT					
_	7-/90 TH NO.		2876		CERTIFICA	TE OF DEATH	REG. NO	71	2876		
	pe or Print)	ANDREW	PI	PI	LA	2. DATE	and hour of Deat	H 7 /	1 7:30	6.	
3.	PLACE IN BALT	MORE MARYLAND,	WHERE PRO	10 U	NCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If	instilution:	residence befare d	dmission	
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INS	וטזוד	TION, GIVE STREET	6 4. 0	YLAND	ISIDE CITY	202		
2	CHURCH	Horse	V Hos	PI	TAL	E. STREET AND NUMBE	R SUN SA	YES 🔀	NO [
5.	SEX	6. RACE	17			404).	/	,			
	M	W	7- MARRIE	ED [DIVORCED	9/11/92	9. AGE (In years last birthday)	Months	Doys Hours	Min.	
dan	e during most al w	rorking life, even il relired) STATE OF KIND	OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	lareign countryl	12. CI1	U.S.	COUNTRY	
13.	ANTO	0. ~	CA			14. MOTHER'S MAIDEN		 -			
15. (Ye:	Wos Deceosed s,na or unknown)	Ever in U. S. Armed F (If yes, give war ar da	orces? les of service	e) 1	6. SOCIAL SECURITY NO.	17. INFORMANT	BACKOF 1	CE	ADDRESS	G4	
	18. //	7.0			CAUSE OF DEATH	111100	110001	,3.10	TOMAC	3/	
	DISEASI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying e.g., (A) IMMEDIATE CAUSE MUMMING TO DEATH (A) IMMEDIATE CAUSE									
	heart failure, o	isthenia, etc. It mean Dication which cause NTECEDENT CAUSE	s the diseas d death.)	50,	DUE 10, OR AS	CONSEQUENCE OF:	4.00:2-	120	/ budel	lines	
					(B) OP AS	A CONSEQUENCE OF:	. Mellitus	1041			
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C) Part				hology p	selves, ne	6				
ATION	TO THE DEATH	CANT CONDITIONS CO	THE TERMINA	G							
CERTIFIC	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED					20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS AUSES OF	CONSIDERED DEATH?		
CAL	21A. ACCIDENTOR CONTRIBUTE DEATH (notily	T WAS UNDERLYING TING CAUSE OF medical examiner	2 h	18, Pl iome,	LACE OF INJURY (e.g., in form, factory, street, aff	or about 21 C. WHERE DIC	(If In Boltim	ore City, gl	ve exact location)		
MEDI	21D. TIME (Manth! (Day) (Year! (Houd) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not Work At Work										
	22. I certify that (i) (this haspital) attended the deceased from March 1971 to North 2019 that (i) (we) lost saw the deceased alive on March 2019 19 and that in (my) (our) opinion death occurred on the date										
		Control of the Control of the Control						printer use	occorred on	ine adi	
	and bour and from the causes stoted above. (i) (He) (did) (did not) view the bady after death. 23A. S GNATURE Attending Med. Director Phys. 3 207/								·		
	NAME TY	STANDO A	. WEN	D	DXA, M.D.	100 M. But	Discussion	Bal	to, MD.	5157	
24 A	REMOVAL (SE	AATION, 248. DATE pecily) 3-24	7/ 24C.	NAN	AE of CEMETERY OF CRE	1	Rocation (City, town,	ar cauntyl	(State)	
25A	MAR 24	1971 Robert	258 NAM	E OF	REGISTRAR O	25C. FUNERAL DIRECT	FOR 2518 L.B	sho	ADDRESS		
15	150-REV. 1/1/6			-							

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6000 For Hilly Edward For Bornal

B. Gabers Ser 248 8 Rocke St

			BALTIMORE CITY	HEALTH DEPARTMENT		AM. A
D-2	00 71	287		TE OF DEATH		71 2877
I. NAME OF D (Type at Print)				2. DATE	AND HOUR OF DEATH	4
	Frank E.	Sachs		MAF	RCH 19, 1971	# h:15P
3. PLACE IN B.	ALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived, if	institution: lesidence before admission
FULL NAME O	F UF NOT IN HOSPIT	AL OR INSTIT	UTION. GIVE STREET	MARYLAND		1821
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) INSTITUTION				C. CITY OR TOWN D. INSIDE CITY LIMITS?		
Veterans Administration Hospital				BALTIMORE		YES X NO
13	3900 Loch Ra			E. STREET AND NUMBER	2	
	Baltimore, M	aryland	21218	4802 Reisters	stown Rd. Ba	lto. Md. 21215
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	U Under 1 Yr. Il Under 24 Ha
Male	Caucasian	WIDOWED	DIVORCED T	10/27/92	78	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of world	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	areign cauntry)	12. CITIZEN OF WHAT COUNTR
ane during most	of working life, even if retired) (LAYER.		RUCTION	MARYLAND		
FATHER'S N		TOMBII	COOTTON			U.S.A.
HENRY SA				14. MOTHER'S MAIDEN NAME		
				MARK ANN (UNK)		
es, no ar unknav	ed Ever in U. S. Armod For wn) (II yes, give wor or dole	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	IWW		219 05 7831	CLIN RCDS, VA	H. BATITIMORE	. MARYTAND
18.	-6 X1		CAUSE OF DEATH		9 200212110101	APPROXIMATE INTERVAL
UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the above cause IA) NG CONDITION last. II IEICANT CONDITIONS CO	stoling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
I TO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	IE TERMINAL	ANEMIA	ASHD		
19A-DATE O	F OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
0	WAS PERF	No	ne	NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DESCRIPTION OF GRANDER OF GRANDER OF GRANDER OF GRANDER OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFI	218,	PLACE OF INJURY (e.g., In	ar about 21 C. WHERE DID	(il to Baltimo	re City, give exact lacation)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)			Not While			
22 1	wahea WW/alter to a see the	Wor	~ — AI WOIK			
	y that XIX (this haspital				1971 to Mar	
1) lost saw the decease			1971ond	that in (may) (our) api	nian death accurred on the dat
and haur ar	nd from the causes stat	ed above. XI	(Me) (414 (414 (44)) ^1	ew the bady after deoth	le .	
23A. SIGNAT	V/// // //	/,				23B, DATE SIGNED
	114 WHILL	4	M D OEGREE Phys.	ding Med.	Shaff Phys.	3/19/71
23C.PHYSICI NAME (M. A	AN'S (Type) GOLDBERG	M.D.	OL OKEE!	3D. ADDRESS		
A. BURIAL CR	EMATION 124R DATE		ME OF CEMETERY OF CRE			ity, town, or county) (State)
KEMOVAL	(2becily)	77		240.		ity, tawn, ar caunty) (State)
Burial	3/23/71	We	odlawn		Balto Md. X	
MAR 23	19/1 , sie 8 8	SE NAME O	ALB.	25C. FUNERAL DIRECTO	1.00	ADDRESS
160 DEL 14		The state of the s	かずい 10	Marin The Che	noweth 3rd.	3617 Chestnut Ave.
150-REV. 1/1.	/05					

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G-320 BALTIMORE CI	ITY HEALTH DEPARTMENT		
BIRTH NO. 71 2878 CERTIFIC	ATE OF DEATH X REG. NO. 71 2878		
T.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH		
CUADTIES COMO ST.	3-21-71 9:30 4		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND Baltimore 5 300		
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR YOWN D. INSIDE CITY LIMITS?		
BOLTON HILL NURSING CENTER	BALTIMORE 21221 YES NO DOCK		
20	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MADDIED NEVED MADDIED	3 DATE OF BIRTH 9. AGE (In years il Under 1 Yr. if Under 24 Hr		
M TJ	lost bigthdoy) Months: Doys Hours Min.		
MIDOWED DIVORCED DIVO	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTI		
done during most of working life, even if relired)			
Chef Kestaurant 3. FATHER'S NAME	Pa. u.s.a.		
	14. MOTHER'S MAIDEN NAME Ebethena Zachias		
Charles E. Getz			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
No 181 07 6532	Charles E. Getz Same		
18. A CAUSE OF DEA	ATH APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY PARTY	BETWEEN ONSET AND DEAT		
(A) IMMEDIATE C	AUSE Sover Clay		
heart failure, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:		
injury or camplication which coused death.)	P		
ANTECEDENT CAUSES (B)	ic Sam Symprome general years		
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF		
UNDERLYING CONDITION lost. (C) Coulca	lezza arterior clevous several yeurs		
_			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
U 21A- ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g.	y in or obout 21 C. WHERE DID (II In Boltimare City, give exact lacation)		
OR CONTRIBUTING CAUSE OF Lace, form, factory, street, etc.)	office bldg, INJURY OCCUR? (Il In Boltimare City, give exoci lacotion)		
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED			
OF INJURY (APPROX) While At Not WI	21F. HOW DID INJURY OCCUR?		
110111 - 21 1101	IV desired		
22. I certify that (1) (this hospital) attended the deceased fram	8 30 - 1968 to 3 21 - 1971		
that (i) (we) last saw the deceased alive an 3 · 20			
and hour and from the couses stated above. (1) (We) (did) (did nat)	view the body ofter death.		
23A. SIGNATURE	23 B. DATE SIGNED		
	thending Med. Director Phys. 3 21-7/		
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
F. Ellsworth (ont M.)	243 / Maryland In B. B. M.		
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF C			
Removal 3/23/71 Melber Funeral			
SALDATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC. FONERAL DIRECTOR ADDRESS		
MAR 24 1971 Tobes E. Saiber, 40.	James E. Bruzdzinski 1407 Eastern Ave.		
/S 150-REV. 1/1/68	Aquico, D. M. Chartisk' A. T. An. Carrelli WAS.		

The Time I was a second of the
1 ... - 15-02

A PROPERTY OF THE SECOND STREET, STREE

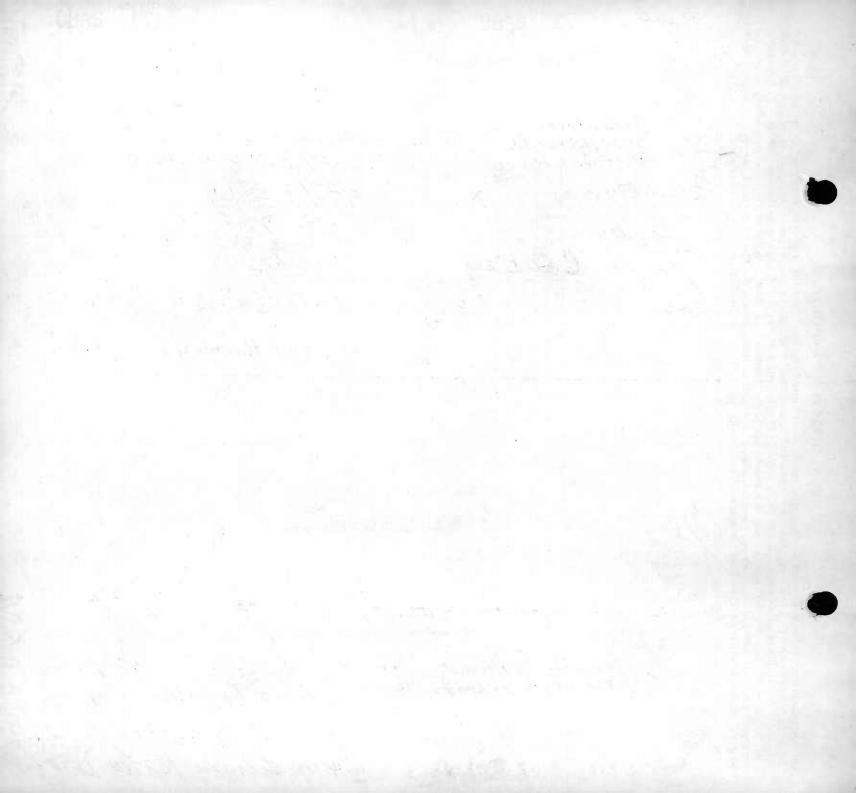
and market Delice to the second

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 2. DATE AND HOUR OF DEATH 3-20-USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) Baltimore D. INSIDE CITY LIMITS? YES 7 NO RICKENBACKER 9. AGE (In years If Under 1 Yr. Months! Days Il Under 24 Hrs. ost birthday 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) Baltimore Co., Md. Fruzdzinski Funeral Home 1407 Eastern Ave. VS 150-REV. 1/1/68

Med 18 7.50 III and Copped to 1993

Sensoninks Fameral Moye 1407 Eastern Ave.

1/19/	BALTIMORE CITY	HEALTH DEPARTMENT		F14 0400
H-620 71 28	80 CERTIFICA	TE OF DEATH	REG. NO	71 2880
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) JULIA (ARRIS	MA	PCH 22 1	971 1:15 P.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission
		A. STATE B. COUN	1 . 11	1510
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	1117641	AND	13/3
ALCTITUTED AL		C, CITY OR TOWN	D. INS	IDE CITY LIMITS?
Ash burton House,	ne.		OR G	YES NO NO
90 3520 /heton Re		E. STREET AND NUMBER	1. 1 >1.	. 6
Baltomore My		4109 100	lava M	en use
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Tende Trans WIDO	WED DIVORCED	6/27/1902	69	
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUN
one during most of working life, even if retired)		12014. V	21 2	
Dancempe		race 1		
3. FATHER'S NAME	A	14. MOTHER'S MAIDEN NA	WE	
to soph Hoars	(es)	Clavelle	,	
S. Was Deceased Ever in U. S. Armed Forces?	76. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	W. AA 11	(it 1)	109 Kal 171
20	220-54-775	7 Killa W	alem	- Raland Vill
18.4.3311	CAUSE OF DEAT	H		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				1 /
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Cerebral +	brombosis	1 day
(This does not meen the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disc injury or camplication which coused death.)	ease,			
ANTECEDENT CAUSES				
	(8)			
DISEASES OR CONDITIONS, if ony, gi	9	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
11				
O THER SIGNIFICANT CONDITIONS CONTRIBUT	NG			
IO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	DOB. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(II III DOIIIIIO	e City, give exact tacallally
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
M OF INJURY (APPROX.)	While At Not While	е		
121.110.111	Work At Work		- h	
22. I certify that (1) (this hospital) attend	led the deceased from	Dec. 15	19/0 10 /	192, 22 1971
that (I) (we) lost sow the deceased alive	on Mar	197/ ond th	ot In(my) (aus) opi	nion death occurred on the
ond hour and from the couses stated above	/e. (I) (We) (did not) \	iew the body offer deoth.		Land DATE GLONES
23A. SIGNATURE	11 - MA		C. #	23 B. DATE SIGNED
Marchan B	Husush OF Phy	onding Med.	Staff Phys.	3/23/71
23C. PHYSICIAN'S ARRANGE	DECKEE	23D. ADDRESS	- 0	
NAME (Type) ABRAHAM B. H	WRWITZ MD.	2001 1. 1. t	· R. B. 14	· sul
	DEGREE	1901 devery	a sacre	une ma.
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY or CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (State
1011112 3/20/71	a later m	Dr 94	of - 1	usul
Receial 3/25/71	whether me	m PK D	elti-/	neugland
Kurial 3/25/71	Me OF REGISTRAR	250 FUNERAL DIRECTOR	relti - /	Maryland Constitution of the Constitution of t
Burial 3/25/71	whether me	25G FUNERAL DIRECTOR	elti - /	neugland



sab-54-03-59	L-652 71 2881 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 2881	
the ath	BIRTH NO.	
- 0 0 G	(Type or Print) My. LAWRENCE, SYLVESTER 3 19 71 8.4	OAM
of of De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before 8. COUNTY	admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Carroll 560	2
	D. INSIDE CITY LIMITS?	1
ng cau	Baltimore City Hospitals 4940 Factors Avenue E. STREET AND NUMBER]
O L .	4940 Eastern Avenue Baltimore Maryland 21224 Box 205 RT#1 Quantice	
trib min gul	Interest Mathematical	ear 24 Hrs. Min.
o Long of the state of the stat	10A, USUAV OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of Grain County)	COUNTRY?
or in dection	done during most of working life, even if relired)	
BIRTH NO. Solve and to the property of the pr	I MOTHER S MAIDEN NAME	
Ti ti (4)	Oscar Julia Peters	
A p o c o c o	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar doles of service) 16. SOCIAL SECURITY NO.	
SSississis the	220-12-0055 Redords: BCH-4940 Eastern Avenue 2122	4
or its a	BETWEEN ONSET	
Also of our hed	LEADING TO DEATH	
	heart failure, asthenia, etc. It means the disease.	
0 2 2 5	injury or complication which caused death.)	
A fred	DISEASES OR CONDITIONS, if any, giving (B) WOWL KIME FOR WALL OF THE PROPERTY	*************
2 ° 6 6 2 5 6 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6	rise to the above cause (A) stoling the	
ain as ain	(c) Diministration	
AL medical hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
E Y G G	ODISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	********
ZEVEN	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	
E 62 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	III In politimore City, give exect locotion)	
why who	DEATH (notify medical examined) etc.)	
p atu	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Haur) 21E INJURY OCCURED While At Not While At Work At Work	
rov n X n X n x ce		
2000.0	22. I certify that (1) (this hospital) attended the deceased fram 3 5 19 7/ to 3 19 11 that (1) (we) last saw the deceased alive an 3 18 19 7/ and that in (my) (our) opinion death accurred or	97/_
0 2 4 4	and haur and from the causes stated above. (1) (We) (did not) view the bady after death.	i the date
st l ase dec	23A. SIGNATURE 23B. DATE SIGNED	
	DBKOD Attending Med. Stuff Director Phys. 3-19-1971	
was r An a	NAME (Type)	
A A K	organie 4940 Eastern Avenue Baltimore Maryland 2	1224
E4000°	K 0 22771 L . 100	(Stote)
This certif the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	-
This the bashow was dece	MAR 24 1971 Take E. Jaben M.D. 12 Treaker M. West	
	VS 150-REV. 1/1/68	

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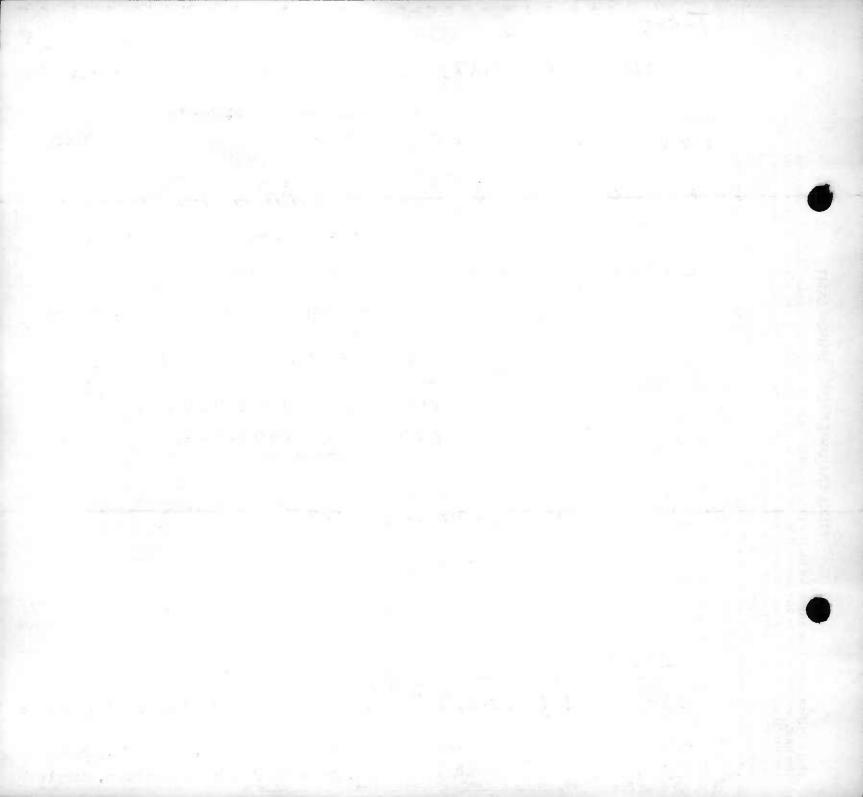
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IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived. If institution; tesidence before admission) Mary s NOTY Il Under 1 Yr. Months! Days If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? HSA. ADDRESS Drayden, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIED CAUSES OF DEATH? (Il In Baltimare City, give exact location) Z___and that in(my) (our))opinion death occurred on the date 238. DATE SIGNED 3001 SHANOVERST BALTO. MI St George Catholic Church | Valley Lee, St Mary's Maryland 258 NAME OF REGISTRAR W. Charke Mattingley Leonardtown, Maryland



	M-236 BIRTH NO.		2883		HEALTH DEPARTM		REG. NO	71	2883
	1. NAME OF DECEA		ELIZABETH	MEISTER		arch 23,			2 20 -
	3. PLACE IN BALTIA	ORE MARYLAND, W			4. USUAL RESIDENCE	E (Where deceos	IS I L		2.20 a. M. idence before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	ATION)	ON, GIVE STREET	Maryland c. CITY OR TOWN Baltimore	. COUNTY	D. INSI	DE CITY LIM	2733 NO []
		12 Hermosa I	Avenue		E. STREET AND NUM 2512 Hermon)	163 [2]	NO []
is made.	female	aucasian	WIDOWED	NEVER MARRIED DIVORCED	Jan .19,18	88 9. AGE (lost birth	doyl 83	If Under D	Yr. If Under 24 Hrs. Doys Hours Min.
	done during most of work housewif	ting tite, even it retired)	10B, KIND OF BU	SINESS OR INDUSTRY	Baltimore		(γ)	12. CITIZE	N OF WHAT COUNTRY?
nollicodein	13. FATHER'S NAME	e K Herman	<u> </u>		14. MOTHER'S MAID		Coh		^
3	15. Was Deceased Ev. (Yes, no or unknown) (If	er In U. S. Armed For- yes, give wor or dote	s of service)	SOCIAL SECURITY NO. 213-10-054	Wilhel 17. INFORMANT DMr. Ernest				e Address Hermosa Ave.
	This does not heart failure, ast injury or complice ANT DISEASES OR rise to the UNDERLYING CONTRIBUTION OR CONTRIBUTION DEATH (notified to the contribution)	NI CONDITIONS CON UI NOT RELATED TO TH DITION GIVEN IN PART ERATION 198. CONT WAS PERF	dying, e.g., the disease, deoth.) any, giving staling the NTRIBUTING E TERMINAL 1 (A). DITION FOR WHICORMED	(8) DUE TO, OR IS (C) Hart CH OPERATION CE OF INJURY (e.g., In	oscleratic (CONSEQUENCE OF:	DID	YES, WERE FILTERING CAU:	NDINGS COSES OF DE	
	OF INJURY (APPROX.) 22. I certify that that (I) (ww) last and haur and from the control of the	Dr. Harold	white A work attended the distribution of the	eccessed from (did) (did not) vi ew the body after d ding Med. Director 3D. ADDRESS 4706 Harfor	ond that In (my eath. Staff Phys. "d Road, 240. LOCATION	to Maliania pini Balto, 1 (City.	Md.	occurred on the date	
	Burial 25A. DATE REC'D BY MAR 24 197	3/25/7 HEALTH DEPT.	1 Park	twood Ceme	tery 25C. FUNERAL DIR LEONARD J.	ECTOR	nore Ma ncBal		ADDRESS

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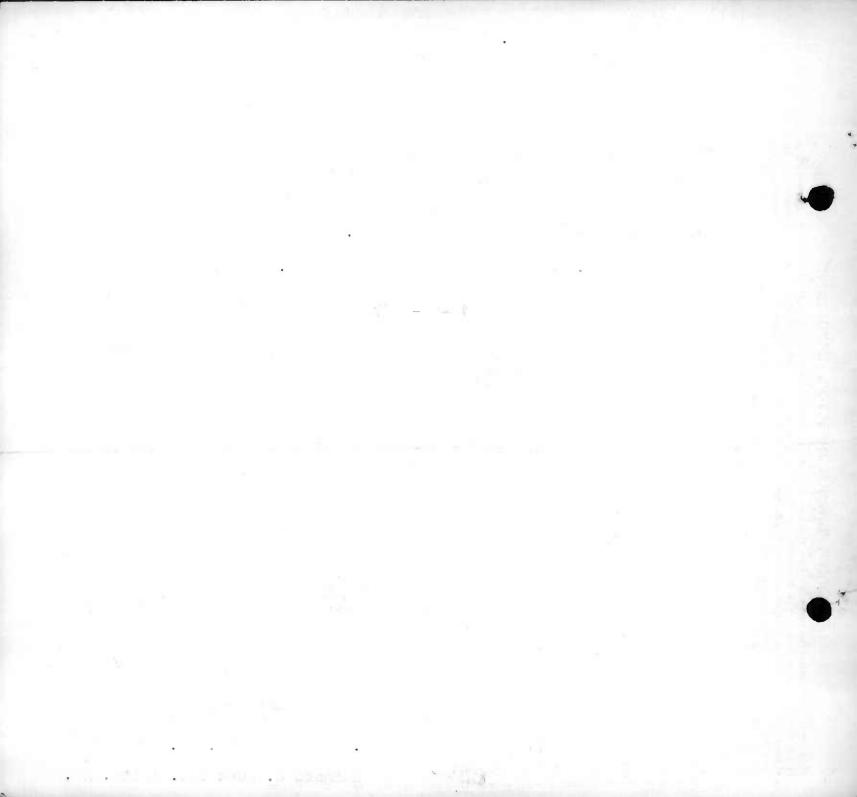
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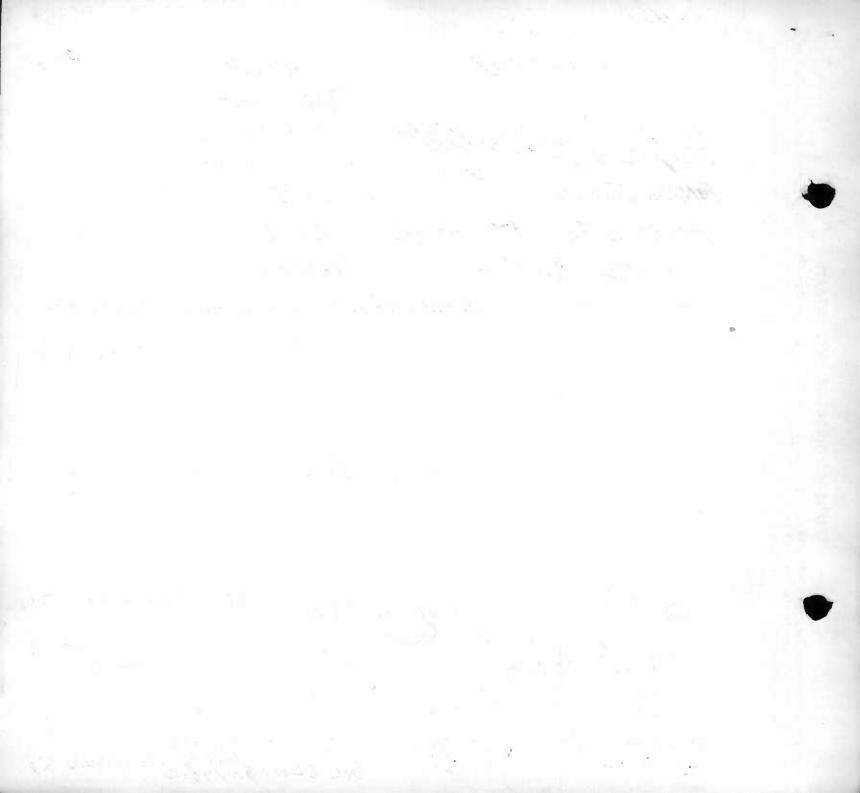
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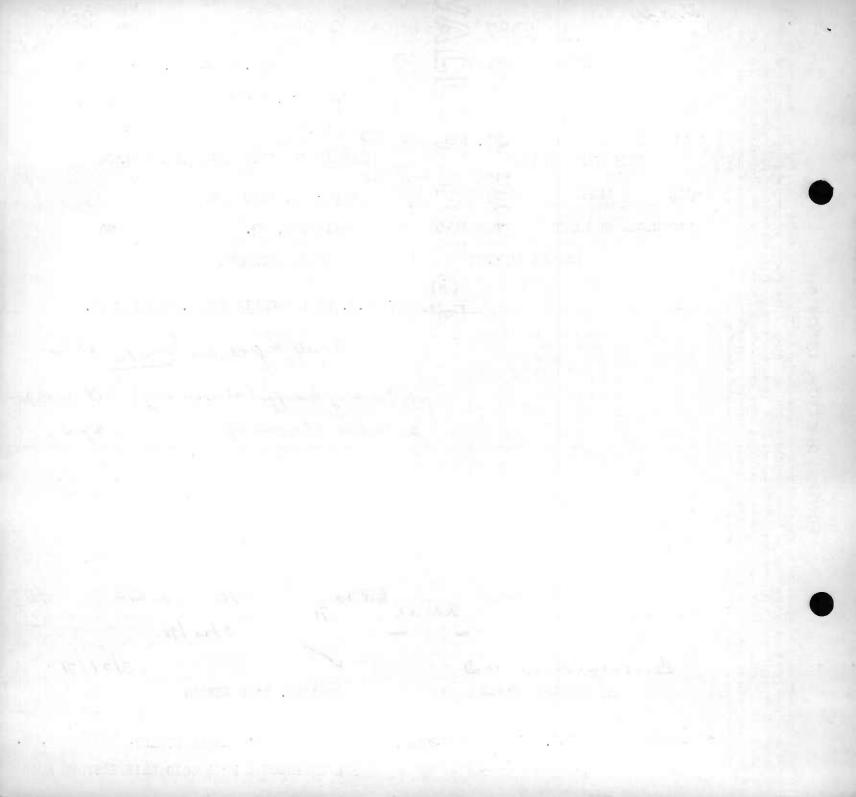
1	A DE BALTIMORE CITY	HEALTH DEPARTMENT
		TE OF DEATH REG. NO. 71 2885
	Type or Print) RUTH WORLEY	2. DATE AND HOUR OF SEATH 403 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
- 11	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?
	SINAI HOSPITAL BALT.	E. STREET AND NUMBER 5503. Pioneer Drive
	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	HOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Housewife	Pa. USA
1	Goerge W. Worley	14. MOTHER'S MAIDEN NAME Ella M. Worley
1	5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Of yes, give war ar doles of service) NO 16. SOCIAL SECURITY NO. 21.2-03-285'	17. INFORMANT HUSBAND 55000055 Pronce
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. (C)	a donsequence of: c Obstructive Rulm.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	O 21AL ACCIDENT WAS JINDERLYING 21B. PLACE OF INJURY (e.g., in forme, form, foctory, street, of DEATH (notify medical examiner)	or about 21 C. WHERE DID (If In Boltimore City, give exact location) injury occur? B 5503 Paincer Dy #1+
	21 D. TIME (Month) (Doy) (Year) (Hous) 21 E. INJURY OCCURRED While At (APPROX.) 3 18 - 7/ ? While At (Work) At Work	121F. HOW DID INJURY OCCUR? Fell athorne
	22. I certify that (1) (this hospital) attended the deceased from that (i) (we) lost sow the deceased alive on	19 to 0 19 19 19 19 19 19 19 19 19 19 19 19 19
		ading Med. Shoff TO
	10SEPH SOLIMAN MI	SMAI HOSP
2	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stote)
2	Burial 3/24/71 Druid Ridge C	25C. FUNERAL DIRECTOR ADDRESS
I	15 150-REV. 1/1/68	Dechard J. Ruck Inc. Balto. MD.



VS 150-REV. 1/1/68

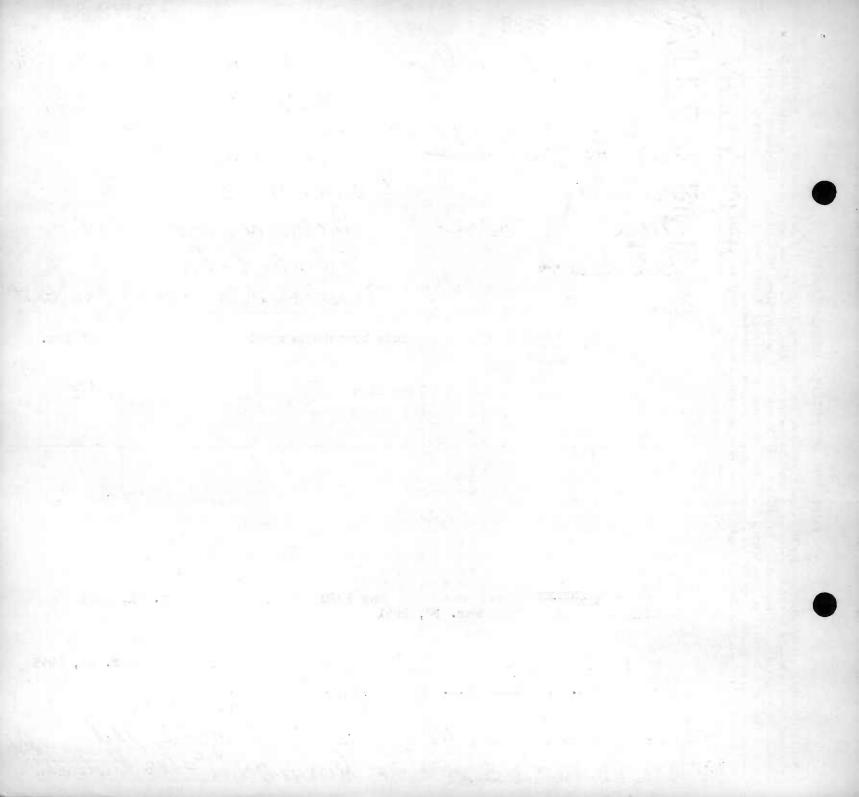


N 221	BALTIMORE CITY HEALTH DEPAR	TMENT	W. H. (2 - 6)
віятн No. 71 2887.	CERTIFICATE OF DE		71 2887
1. NAME OF DECEASED (Type or Print) SYLVAN PACKETT	The second	SAT. MARCH 20.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD 4. USUAL RESID	ENCE (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	BALTIMOF C. CITY OR TOWN BALTIMOF	RE, MARYLAND D. INS	SIDE CITY/LIMITS? YES X NO
ESPLANADE APTS APT. 5 2525 EUTAW PLACE	J E. STREET AND ESPLANAL		AW PLANE
			If Under 1 Yr., If Under 24 Hrs.
5. SEX 6. RACE 7. MARRIED N	DIVORCED AUGUST	lost birthdoy)	Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) WHOLESALE GROCERY ROPRIE	TOR BALTIMOF	RE, MD.	USA
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	
NATHAN PACKETT		WEINBERG	
(Yes, no or unknown) (If yes, give wor or dotes of service)	OCIAL 17. INFORMANT		ADDRESS
NO 220	CAUSE OF DEATH	ROCKLIN 301 N. CI	HARLES ST.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	(A) IMMEDIATE CAUSE ACOUSEQUENCE (B) The Congracy Drag Due to, or as a consequence (C). 2 Exclice to Congression (C). 2 Cardiac to Congression (C). 2004. Autopsy (C). 200	off alrowned E	BETWEEN ONSET AND DEATH (19) Gett. 20-197. 24.00 FINDINGS CONSIDERED
DEATH (notify medical examined)	m, factory, street, affice bldg., INJURY	OCCUR?	
21D. TIME (Manth) (Day) (Yeor) (Haur) 21E. INJU OF INJURY (APPROX.) While At Work	RY OCCURRED 21F. HO	W DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the de that (1) (we) lost saw the deceased alive an	ceased from (CER. 20) Feb. 27- 1971	1970 ta 3	1971, inian death occurred an the date
and haur and fram the causes stated above. (I) (**e) (did) (di d no t) view the body af	9//	9
BORRER DO CARON TO D	Attending Me		2/2// 2/
23C.PHYSICIAN'S NAME (Type) DR BERNARD COHEN	23D. ADDRESS 3501 S	T. PAUL STREET	0/~1///
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	OF CEMETERY OF CREMATORY	24D. LOCATION (C	City, town, or caunty) (State)
BURIAL MAR. 22/71 OHE			DATESTIONE IN
	B SHOLOM	O'DONNELL STR	REET, BALTIMORE, MD.
1 0 7	SISTRAR 25C. FUNERAL	DIRECTOR	REET, BALTIMORE, MD. ADDRESS REISTERSTOWN ROAD

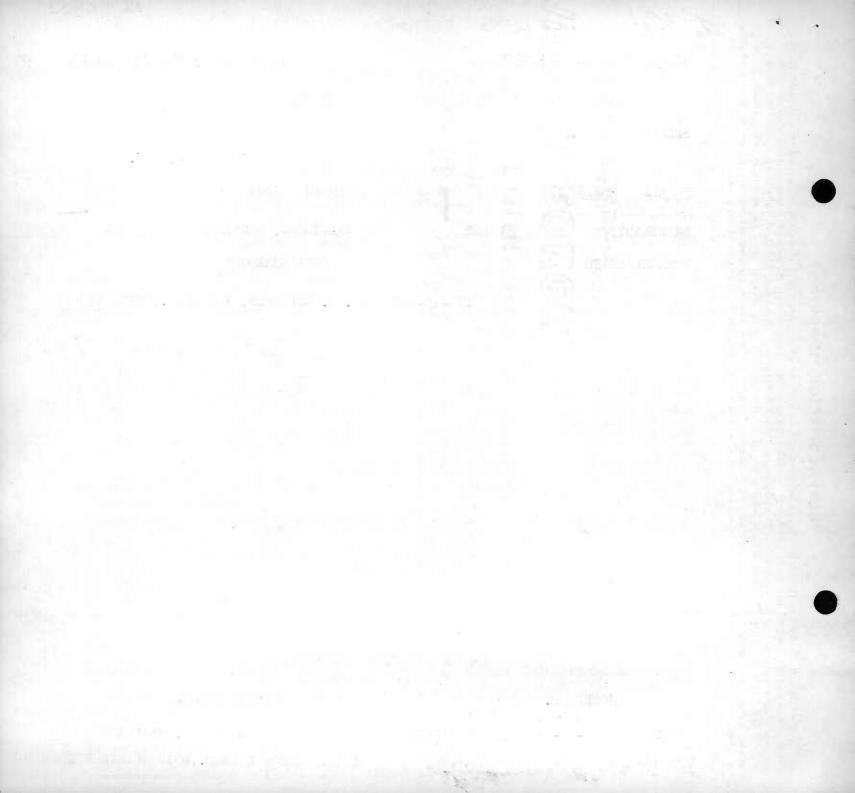


FUNERAL DIRECTOR: IMPORTANT

V 151	BALTIMORE CITY	HEALTH DEPARTMENT		74 2088
71 288	3 CERTIFICA	TE OF DEATH	REG. NO.	1
NAME OF DECEASED albert	Rlein	2. DATE AN	ch 21	71 2:45 9.1
B. PLACE IN BALTIMORE, MARYLAND, WHERE	RONO UN CED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If in:	stitutian: residence befare admis
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland	U	2301
NOTHITITON .		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
Kenesaw hu	rsing Home	120cltime	re	YES NO
2601 Roslyn (1/25. Ch	alex It	L'
Male White win	RRIED NEVER MARRIED NOWED DIVORCED	Dec 4, 1918	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Manths Days Hours Mi
DA. USUAL OCCUPATION (Give kind of work) 10B. KI are during a set of working life, even if refired)	NG OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	e, ml	12. CITIZEN OF WHAT COUNTY
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	71077
Galo Klain		Sarah	Collen	
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	Concept	ADDRESS
es, ne runknawn) (If yes, give war ar dates af se	rvice) SECURITY NO.	Miss anne 1	Clein- 41	25. Charles
18.	CAUSE OF DEAT			APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY	Acute	bronchopneumoni	8	few hrs.
LEADING TO DEATH	(A)IMMEDIATE CAS			19# 111.8*
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.		i om		Life
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	3, , , , , 3	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)		****	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
DISEASE OR CONDITION GIVEN IN PART I (A).		20A. AUTOPSY? (Yes or No	208 IF YES WERE	INDINGS CONSIDERED
WAS PERFORME	D WHICH OFERATION	ZVA. AUTOPSTYTIES OF ING	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If In Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		., •
21D. TIME (Month) (Day) (Year) (Hayı) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Nat Whil	le 🗂		
	Wark At Wark			
22. I certify that (1) (1) (1) (1) (1) (1) (1)		-	19to Mar.	
that (1) (we) top saw the deceased aliv	e on Mar. 13, 1971	19and th	at in (my) (aur) apir	nian death occurred an the
and haur and fram the causes stated abo	ove. (1) (We) (did) (did nat) v	view the bady after death.		
23A. SIGNATURE	A- MAN			23 B, DATE SIGNED
Test 15, spring	The Phy	ending Med. Director	Staff Phys.	Mar. 21, 1971
23C. PHYSICIAN'S NAME (Type) Robt. N. Wris	DEGREE	23D. ADDRESS	^	
NAME (Type) Robt. N. Wrig	ght M.D.	4121 2600	Way VI	S.
4A. BURIAL CREMATION, 24B. DATE	DEGREE 24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, tawn, ar caunty) (Sta
Mon 22h	Pull 7	0 B	allow ,	nd.
5A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REDISTRAR DEC	25 FUNERAL DIRECTOR	utu hore	ADDRESS
MAD a a company of a	THE OF REGISTRAR	D TOWERAL DIRECTOR	19 enc	in Westanta
MAK 24 MI USG BY J	A MA U SO	1 opening	Mes - an	o regreterati
\$ 150-REV. 1/1/6B				



	E CITY HEALTH DEPARTMENT 71 2889
BIRTH NO.	ICATE OF DEATH
Type REBECCA KERSH	MARCH 20171 1040 PM.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission) A. STATE B. COUNTY MRYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
BELVEDERE NURSING HOME	BALTIMORE YES NO
70	3904 FORDLIEHG ROAD, APT. A
FEMALE WHITE FEMALE NEVER MARRIE WIDOWED DIVORCE	lost birindoy/ Months Doy's Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SALESLADY 13. FATHER'S NAME	BALTIMORE, MARYLAND USA
13. FAIRER S NAME	
EMANUEL KERSH	ETTA KRAKOWER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	
NO 215-10-61	
hearl failure, oslhenia, etc. If means the disease, injury ar camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. (C)	OR AS A CONSEQUENCE OF: Y 900 OR AS A CONSEQUENCE OF:
OR CONTRIBUTING CAUSE OF home, form, factory, st DEATH (notify medical examiner)	reet, office bldg., INJURY OCCUR?
	ot While Work
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	19 19 b) ta 2 Must 19 7/ . 19 19 and that in (my) (aux) apinlan death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did	
23A. SIGNATURE ()	23B, DATE SIGNED
Loge boll and	Attending Med. Stoff 1
23C.PHYSICIAN'S NAME (fune)	Phys. Director Phys. Warl 2/1971
JOSEPH B. GROSS	Ø11 PARK HEIGHTS AVENUE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	DEGREE
BURIAL 3-22-71 ANSHE EMUNAH	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
VS 150-REV, 1/1/6B /	7.5



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

of death Deceased hospital = death

IMPORTANT

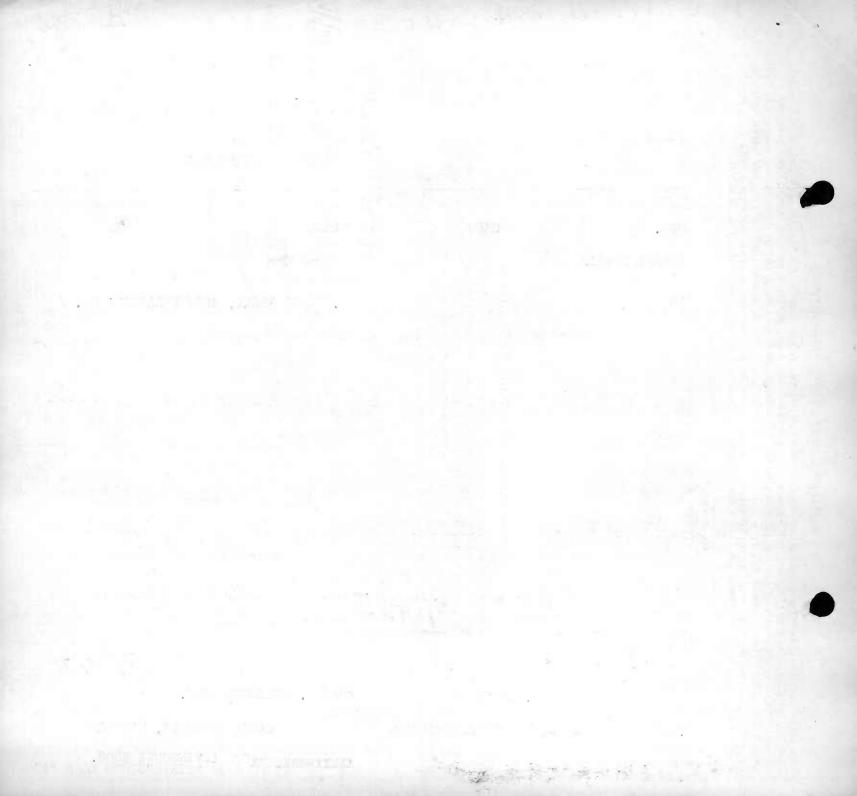
FUNERAL DIRECTOR:



IMPORTANT DIRECTOR: FUNERAL hospital 6

hospital

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MRS. PEARL ABELL, 4024 FALLSTAFF RD. # BETWEEN ONSELAND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (tf in Baltimare City, give exact lacation) and that in (my) (aur) aplatan death accurred an the date 23B, DATE SIGNED (City, tawn, or county) KAKII ROSEDALE, MARYLAND 6010 REISTERSTOWN ROAD #15 VS 150-REV. 1/1/68



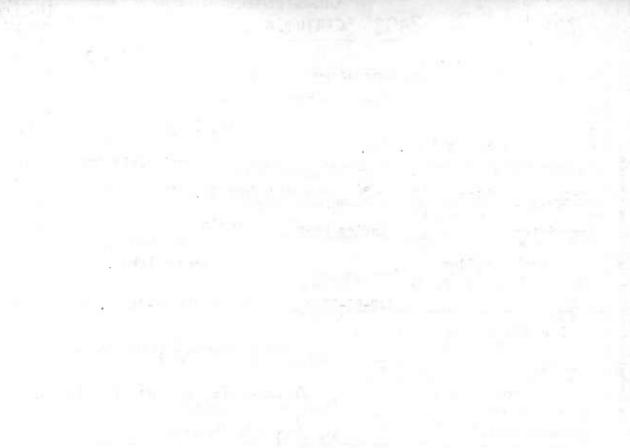
	11)-453 BALTIMORE C	CITY HEALTH DEPARTMENT
	W-453 71 2892 CERTIFIC	CATE OF DEATH REG. NO.
	NAME OF DECEASED ype or Printl	2. DATE AND HOUR OF DEATH
-	JULIUS WOHLMUTH	March 20 7/ 1 2:10.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before odmis
FUR	ULL NAME OF OSMTAL DR INSTITUTION, GIVE STREET ADDRESS DR LOCATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?
	SINAL HOSP. OF BALTIMORE	F BALT MURE YES DY NOT
	12	E. STREET AND NUMBER
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1883 9. AGE (in yeors If Under 1 Yr., If Under 24 Months; Doys Hours; Mi
10	ALE WIDOWED DIVORCED	Months Doys Hours Mi
do	A. USUAL OCCUPATION GOV kind of work 10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foleign country) 12. CITIZEN OF WHAT COUNTRY
	MERCHANT RETAIL	AUSTRIA // e A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILHELM WOHLMUTH	ROSA—BLEDY
15. (Y-	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	NO	
_	NO 219-32-3266	MRS. OTTO WOHLMUTH, 5-7 SLADE AVE., APT. 521
	DISEASE OR CONDITION DIRECTLY	ATH APPROXIMATE INTERV BETWEEN ONSET AND 0
	LEADING TO DEATH	VERNING TO ALL
	(This does not mean the mode of dving as (A) IMMEDIATE C	AS A CONSEQUENCE OF:
	heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	- 0 //
	ANTECEDENT CAUSES	CVA (Cerebrovace insufficiency)
		AS A CONSEQUENCE OF:
		AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	73600
z	II .	Meumolia
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	,
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	**************************************
CERTIFICATION	WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	21A. ACCIDENT WAS UNDERLYING 1	100
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g home, form, fociary, street, etc.)	olice bldg., INJURY OCCUR? (II In Ballimore City, give exact location)
일		
MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?
7	(APPROX.) While At Not Work At Wo	hile
	22. I certify that (I) (this hospital) attended the deceased from	3/2 107/ in Marce / 20.5%
	that (1) (we) last saw the deceased allve on 2/12	19 / and that in (my) (aur) apinion death accurred an the
		und that in (my) (aut) apinion death accurred an the
	and hour and from the causes stood above (1) (Wa) (be to / to)	ladam the L. C. L. C.
	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body after death.
	23A. SIGNATURE	view the body after death.
	23A. SIGNATURE Alban H.O. A.	thending Med. Shaff Phys. 23B, DATE SIGNED
	23C. PHYSICIAN'S NAME 1779	thending Med. Director Phys. Staff 23B. DATE SIGNED 25B. DATE SIG
	23C. PHYSICIAN'S NAME 1979 BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	thending Med. Staff Phys. 23B. DATE SIGNED (City, sown, or county) (Stote
44	23C. PHYSICIAN'S NAME 1779 BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 24C. NAME of CEMETERY of C HEBREW FRIENDSH:	thending Med. Staff Mys. 3/20/1 23B. DATE SIGNED 23B. DATE SIGNED 3/20/1 23D. ADDRESS 3/20/1 23D. ADDRESS 24D. LOCATION (City, town, or county) (State
44	23C. PHYSICIAN'S NAME 1979 BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	thending Med. Director Phys. Staff Med. Director Phys. Staff Med. Director Phys. Staff Med. Director Phys. Med. Director Phys. Med. Med. Med. Med. Med. Med. Med. Med
44	23C. PHYSICIAN'S NAME STYPO BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	thending Med. Shaff Med. Shaff Med. Shaff Med. Shaff Med. Med. Director Med. Med. Med. Med. Med. Med. Med. Med.
A A	23C. PHYSICIAN'S NAME STYPE COLOR H. D. DEGREE PI BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C BURIAL (Specify) BURIAL 3-22-71 HEBREW FRIENDSH.	thending Med. Director Phys. D. BALTIMURS 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 24D. ADDRESS 24D. LOCATION (City, town, or county) (Sic BALTIMORE, MARYLAND)

IMPORTANT

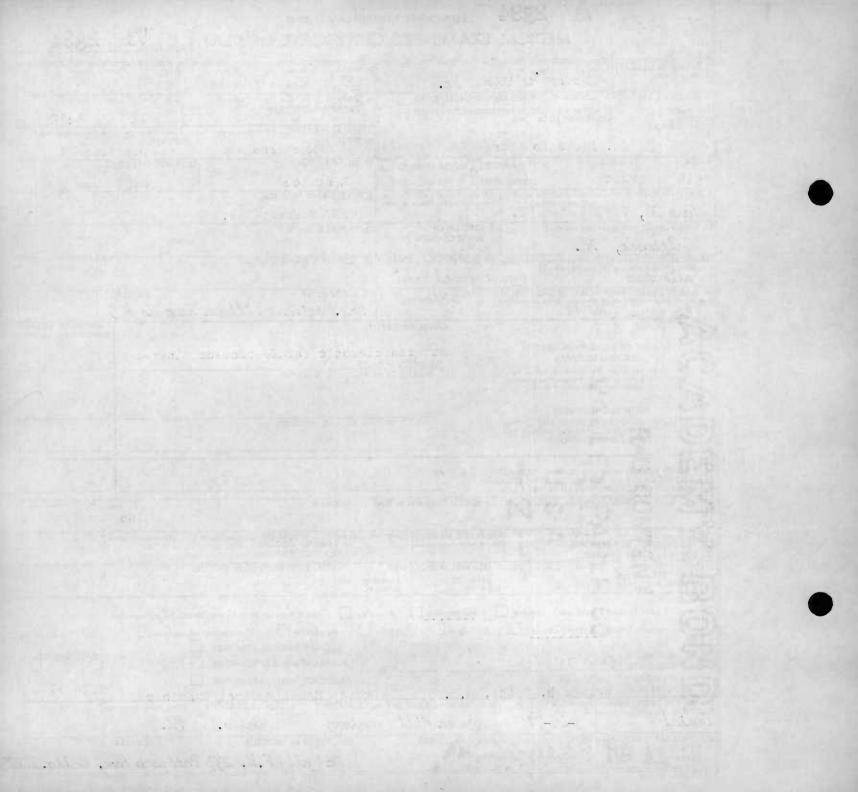
FUNERAL DIRECTOR:



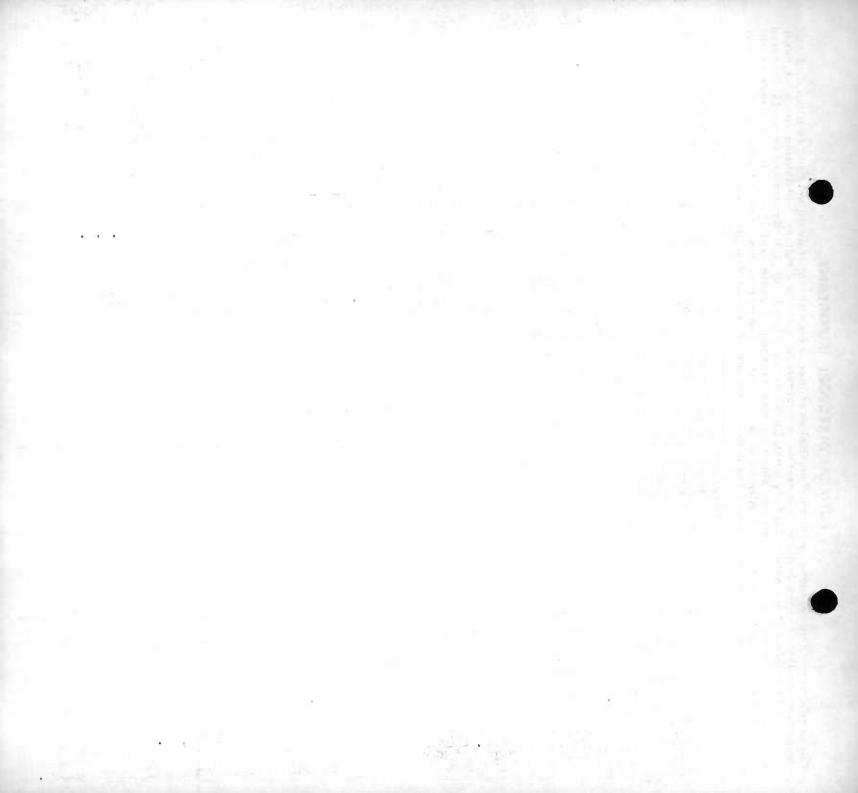
MA .	1 1		BALTIMORE CITY	HEALTH DEPARTMENT		ru o o
BIRTH NO.		2893	CERTIFICA	TE OF DEATH	REG. NO.	-00
Type or Printl					3 /20 / 71	TH 2.00 T
2 BLACE IN I	Joseph Mille	Y BROWN	INICED DEAD		- /	Lingtitution esidence before admire
FULL NAME (HOSPITAL OR NSTITUTION			UTION, GIVE STREET	Mary land		NSIDE CITY LIMITS?
37	Mercy Hospi	tal, Inc		Baltimore E. STREET AND TOUMBER		YES NO
SEX	6. RACE	7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Ys. If Under 24
Male	White	WIDOWED	DIVORCED [June 15,1878	92	Months Days Hours Min
	CCUPATION (Give kind of wor t of working (ife, even if refired)	FUOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	iga country!	12. CITIZEN OF WHAT COUN
Proprie	etor	La	dies Wear	Russia		USA
3. FATHER'S	NAME			14 MOTHER'S MAIDEN NA	ME a	
Ja	acob MIller			Recessa Le	- /	
. Wes Deces	sed Ever in U. S. Armed Fe	rces?	1 & SOCIAL	17. INFORMANT	,	ADDRESS
	own! ilf yes, give war or date		SECURITY NO.	D 1	10 5 - 1	Va
No .	0.0	220	07-7729 CAUSE OF DEAT	Keuben Miller-2	10 E. Fai	rfax St Falls Chur
	TASE OF CONDITION OF	BEATIN	CAOST OF SEAT	•		BETWEEN ONSET AND DE
I DIS	EASE OR CONDITION DI LEADING TO DEATH	KECILI		B - 0 - 2		13 du
(This doe	s not mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	acres.	
heart failu	re, asthenia, etc. It means complication which caused	the disease,				
1	ANTECEDENT CAUSES		Do Lo	vosdov by H	P. D. HAD	3,0
DICEASES			(B) OUE TO OR AS	A CONSCOUENCE OF	127 117 (5	The state of the s
rise to	the above cause (A) TING CONDITION last,		(c) Cin	hh, Chun-		5 year,
	II NIFICANT CONDITIONS CO		Care	med Mew.	2lows;	
DISEASE O	EATH BUT NOT RELATED TO T IR CONDITION GIVEN IN PAI	RT 1 (A).				
19A.DATE	OP OPERATION 198. CON WAS PER	PORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or Ne	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTI	DENT WAS UNDERLYING DENT WAS UNDERLYING DAUSE OF DRIFT medical examined	21 B hom etc.	e, farm, factory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(if in Bolti	Imore City, give exact facation)
21D. TIME	(Monthl (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROXI		Wh	ile At Not While	• 🗆		
		VVO	TK - AT WORK			20 197/
	elfy that (1) (this hospita	•	he deceased from A	0.4	19to3_	
	we) last sow the deceas		7/24		at in (my) (our)	opinion death occurred on the
		ted above. ((did) (did not) (()	lew the body after death.		
23A. SIGN	ATURE	C -		/		23 B. DATE SIGNED
	Sol	mit	DEGREE Phy	meding Med. Director	Staff Phys.	3/20/7/
23C. PHYSI	CIAN'S E (Type)	7	DEGREE	23D. ADDRESS		Bull
NAM		COL I		6810 Par	K Heigh	5 me
4A. BURIAL	SOL SMI	1H 24C. N	DEGREE AME OF CR		OCATION	(City, town, or county) (State
UAU TO .	AL (Specify)					
Buria	CD BY HEALTH DEEL	71 Be	th TFiloh	25C. FUNERAL DIRECTOR	d Pawn M	aryland
MAD	0 4 1071 D.A.	B C . T	Ben M.D.			ADDREROad
TIMI	74 13/1 1000	A C. NOW	المالي المالي	Sol. Levinso	G Bros. I	nc. 6010 Rersterst
\$ 150-REV. 1	/1/68			Bord 6. 5		



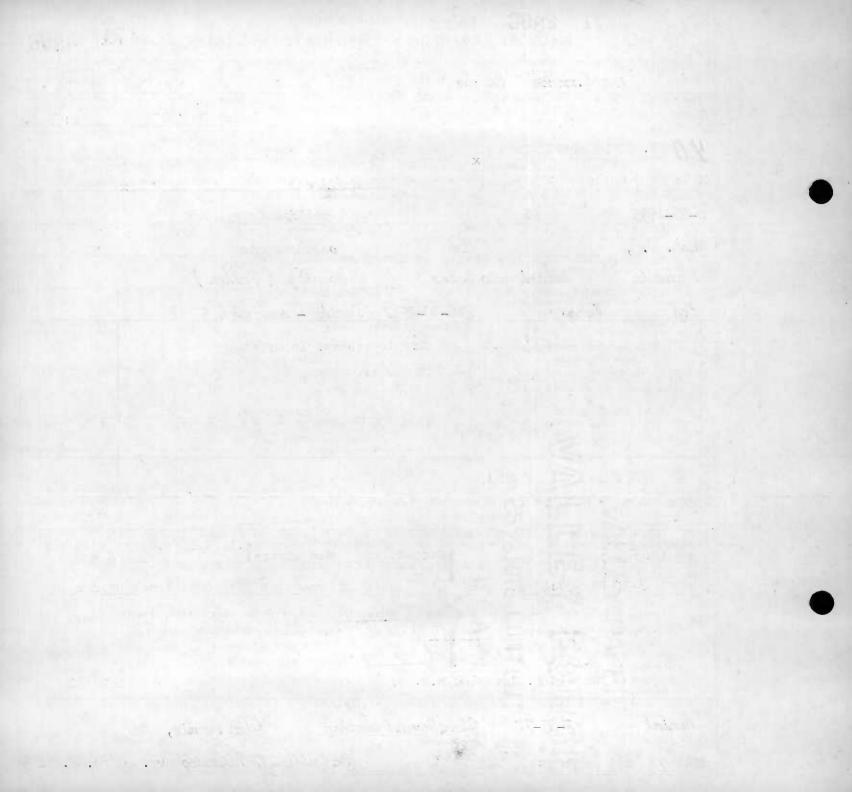
71 2894 BALTIMORE CITY HE	ALTH DEPARTMENT
1-455 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 2894
BIRTH NC.	REG. NO.
(Type or Print) Herman Tillman Sz.	2. DATE Known Month Doy Year Hour OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 22 71 8:22 p.m.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
St. Agnes Hospital	Maryland B. COUNTY Anne Arundel
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED D	Linthicum YES NO Y
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
June 26, 1893 lost birthdoy) 77 Manths, Doys, Hours, Min.	527 Forrest Ave.
11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	TO THE STORMS
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even Ifretired) Coast Guard Yard	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na or unknawn) (If yes, give war or doles of service) SECURITY NO.	Mrs. Hortense Tillman same as # 5
CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISTANCE OF COLUMN AND AND AND AND AND AND AND AND AND AN	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
/ANIMMEDIATE (CAUSE AS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart follure, asthenio, etc. it means the disease, injury or camplication which caused deoth.)	No A de Maria de Mari
ANITECEDENT CANCER	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE TERMINAL	
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	no
Z2A. EXTERNAL CAUSE WAS 1228, PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (if in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. hame, farm, loctary, street, office uting CAUSE OF DEATH.	e bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX) WHILE AT NOT	WHILE
23.	
I certify that I held an Inquiry Inspection Au	topsy and that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicid	le Homicide Undetermined manner
11111115	CHIEF MEDICAL EXAMINER
SIGNATURE WESTERN M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINED
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 3/23/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
Burial 3-25-71 (edar Hill (emetery Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 24 TITT Valley & Jankey Ra	Mc Cully F.H. 237 Patapsco Ave. Balto. 212
VS 151-REV. 7/1/68	



	71	9005	BALTIMORE CIT	Y HEALTH DEPARTMENT	T X	71	2895
SIRTH NO.	XO.	2895	CERTIFICA	TE OF DEATH	T REG. NO.	-/1	2000
Type or Print)				2. DATE	AND HOUR OF DEA	TH	
	Maude L. Eac			4. USUAL RESIDENCE	March 23,	1971	1:35 AN
3. PLACE IN BA	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived.	If institution: res	idenco before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Md C. CITY OR TOWN	IA	hteras cia	5200
A TONOR				Baltimore	D. 1	INSIDE CITY LIN	
37				E. STREET AND NUMBE	R	YES	NO
	MERCY HOSPITA	\L			Smallwood	Rd	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. , If Under 24 Hrs.
म	W	WIDOWED		10-21-92	lost birthdoy)	Months [Poys Hours Min.
OA USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLACE (State or	lossiss sountrul	110 61774	1 05
done during most o	of working life, even if refired) usewile			A4	ioreign country)	3	N OF WHAT COUNTRY
13. FATHER'S N.				Maryland 14. MOTHER'S MAIDEN	NAME	u.	S.A.
	George Parke	er		Edith Abb			
5. Was Decease	ed Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
no or unknow	m) lif yes, give war or date	s of Service!	security no.	M. Henry Eade	es 7905 Seabi	reeze Dr	ive #26
18. 1/9	OYI		CAUSE OF DEAT				APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DE	RECTLY		1		BE	TWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	sec Kranelin	1. a. 111a -m		Alana.
(This does	not mean the mode of	dying, e.g.,		A CONSEQUENCE OF:	priessor		Jaco y
injury of co	, asthenia, etc. Il means implication which caused	death.)				1	
	ANTECEDENT CAUSES			Emphysen		+	/-
DISEASES	OR CONDITIONS, if	ony civing	(B)	A CONSEQUENCE OF:			
rise to t	he above cause (A)		(c)	a conjectoring or.			
4	11					,	
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	1117	tour laster	- Heart Il	bear	1 mes
▼ IDISEASE OR:	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	ava	emos and	were to		0
19A. DATE O	OF OPERATION 198 CON WAS PER	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes at	IN CERTIFYING	RE FINDINGS C	ONSIDE/ED
U 21A. ACCID	ENT WAS UNDERLYING	1 218	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DIE	988	mare City, give	and landing
OR CONTRIE	ENT WAS UNDERLYING LITTING CAUSE OF LY medical examined	hometca	e, farm, factory, street, a	fice bidg. INJURY OCCUR	? (IT IN DOITH	mare City, give	exact lacation;
21 D. TIME	(Month) (Day) (Year)	(Haud 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY		Whi	e At Not While	• —			
20 1 46	1 (0.4.1-1)	Wor		1	7-77	-	
	y that (1) (this hospital		14	3/20		3/23	19_7/
that (I) (we) last saw the decease	d alive on	3/23		that In(my) (our)	optnian death	accurred on the date
and hour at	nd from the causes stat	ed above. (1)) (We) (dld) (did not) v	lew the bady after deat	th.		
23A. SIGNAT		0	-			23B, DATE	SIGNED
	Taest a mu	east	06	nding Med.	Stoff Phys.	man	20 16-21
23 C. PHYSICI	AN'S /		DEGREE	Director L	Phys.	mar	23,111/
MAME	Dr. Joseph	Mead /		301 St. Paul	l Place Ba	ltoMd 21	202
4A. SURIAL CR	EMATION, 248. DATE		ME of CEMETERY of CRE			(City, town, or	
Burial	3/26/7	1 M	+ Olivet C		Baltimore,	M.	
SA. DATE REC	D BY HEALTH DEPT.	258. NAME O	F REGISTRAR COME	COLUMN TERNET	TOR	r the	ADDRESS
MAR 9		E. Tarbe			uneral Home	237 Pat	
/S 150-REV. 171	768						



	4-200 71 2896 BALTIMORE CITY HE MEDICAL EXAMINER'S C	ALTH DEPARTMENT CERTIFICATE OF DEATH
BIR	TH NO.	REG. NO.
	NAME OF DECEASED	2. DATE Known Manth Day Year Haur
	DAVID G. NOCKENE TRAYGRE	DEATH Estimoted
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	March 20,1971 5:05 AN
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission) A. STATE B. COUNTY
5	// ST. AGNES HOSPITAL	Maryland 25/2
6.7	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
M	ale White widowed Divorced 🗆	Baltimore YES NO [
9. [DATE OF BIRTH 10. AGE (In years Il Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER
1 6	5-26-1935 lost birthdoy) Months Days Hours Min.	3023 Hollons Ferry Road
11.	BIRTHPLACE (State ar foreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
1 4	Vash. D.C. WHAT-COUNTRY?	Joseph Hauphe
144	.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	
dan	Mechanic Laurel Auto Sales	Dorothy (Fuller)
16.	WAS DECEASED EVED IN HE ADMED ECOSES 117 SOCIAL	18. INFORMANT ADDRESS
(Ye	Jes arunknawn) (If yes, give war or dates of service) Jes Nonea SECURITY NO. 218-30-2532	Family same as # 5
-	19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY CTAILS LEADING TO DEATH	cerebral Injuries
	(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:
NO	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)(C)	AS A CONSEQUENCE OF:
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
L CERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or Na) yes
MEDICA	UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY WHILE AT THE CONTRIBED CONTRI	in or about 22C. WHERE DID (If in Boltimore City, give exact location) e bldg, etc.) INJURY OCCUR?Rt.1, 325 ft.North of Davis Road, Laure1 22F. HOWDID INJURY OCCUR? WHILE X Operator of Honda struck by car
(APPROX.) 3-19-71 7:40 P. m. WORK OPERATE OPERATOR OF Honda struck by car		
1	l certify that I held an Inquiry Inspection Auroresulted from: Natyral causes Accident Succession	tapsy X and that an this basis, death In my apinion Be Homicide Undetermined manner
	6/10/1/1/	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE WAS MICHAEL M.C.	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 3/20/71
24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, ar county) (Stote)		
Burial 3-23-71 Glen Haven Cometony Glon Burnia Md/		
254 DATE REC'D BY HEALTH DEPT 256 NAME GE-REGISTRAR 25C FLINERAL DIRECTOR ADDRESS		
MAR 24 1971 Page & Jakes Market Mc Cully 237 Patapsco Ave. Balto. Nd. 21225		
4.2	131-161-171700	



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deat ease n th Suc	1,1	AME OF DECEASED	2. DATE AND HOUR OF DEATH	1974 , 30 2
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		titution: residence before admission)
(5) de	HC	SPITAL OR ADDRESS OR LOCATION)	Md A.A.	5200
use en to	6	Mt Singi Nursing Home	Clen Burnie	YES NO [
d ca d ca d ca d ca e	1	0	1118 8.0 61.1	
ribu nine gula ed mad	5.	MARKIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
er er si	10A don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Unda 15 ir 16 de 16 sitio	L	Clerk Fox Chev.	Balto, Md.	
(4) (4) the the ispo	1.50	Arthur Myrvin	141 11 10	100)
-0 H 0	15. (Ye:	Was Deceased Ever in U. S. Arma Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	-	2 20-03-045 CAUSE OF DEA		PANO AS 4
9 = 40		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	incho preunoria	BETWEEN ONSET AND DEATH
. 50 - 8		(This does not meon the made of dying, e.g., heart failure, osthenio, etc. II means the disease,	AUSE S A CONSEQUENCE OF:	
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28 6		rise to the abave cause (A) stoting the	AS A CONSEQUENCE OF LOAN DIEGO	1 you
B . E		/~/		· · · · · · · · · · · · · · · · · · ·
504 25	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	76×4	
Bod the ysic	RTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
(2) ere or ph		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bidg., INJURY OCCUR? (If In Boltimore	City, give exact location)
ture twit (6) N	MEDIC	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
				RCH 22 10 7/
0		that (i) (we) last sow the deceased alive an MAR 4 2	7	an death occurred on the date
spit spit eat		ond haur ond from the causes stoted above. (1) (We) (did) (did.mot)	view the bady after deoth.	
ccid ccid a ho a to a m		DECISES Ph	tending To Med. Staff	3/22/7/
An a An a prior		MANUEL LEVIN MU	6/5/ PARK HOTS AVE,	BALTO 15 MD.
200-	24A	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City.	town, or county) (Slote)
hows as E ecea rritte	25A	DATE RECD BY HEALTH DEPT. 258, NAME OF REGISTRAR	25G EUNERAL DIRECTOR	ADDRESS AHO
₹ 6 € 6 €	VS 1	THE PARTY OF THE P	Maculy & 237/ataps	10 Auc 21275
	as released to the hospital by a medical examiner. Also, it the direct or contributing cause of deat in accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease at a hospital (except where the physician who pronounced death was in regular attendance on the rior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucoroal must be obtained before the remains are embalmed or final disposition is made.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendanc decased prior to death); and (6) No physician was in regular attendance on the deceased prior to dec written approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH NO. INAME OF DECEASED I'TYPE OF PRINT 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD INSTITUTION S. SEK S.	BRITH NO. INAME OF DECLASED IN

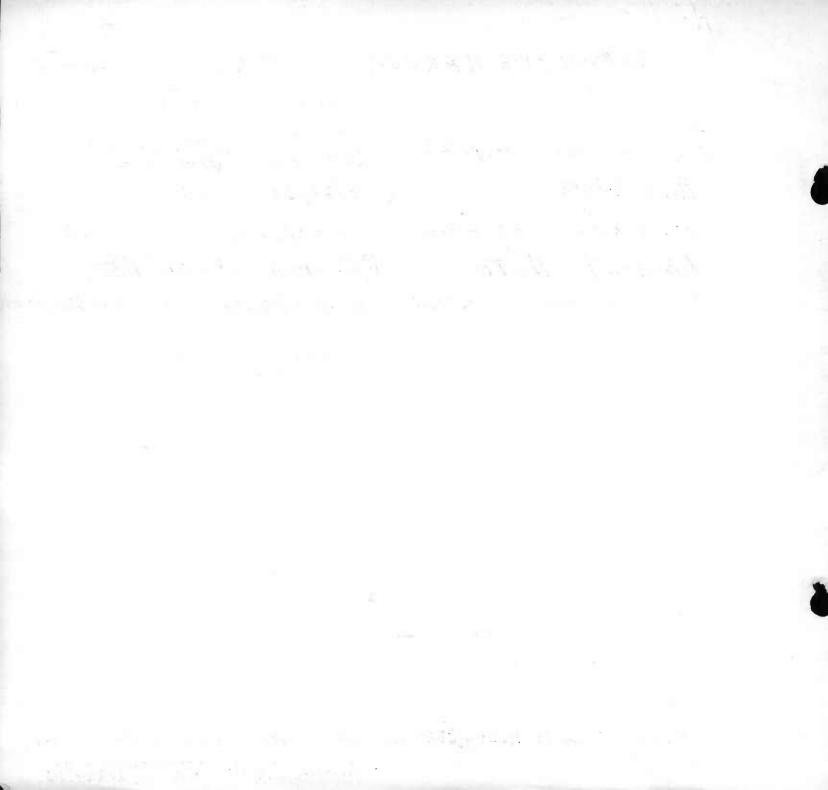
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IMPORTANT

DIRECTOR:

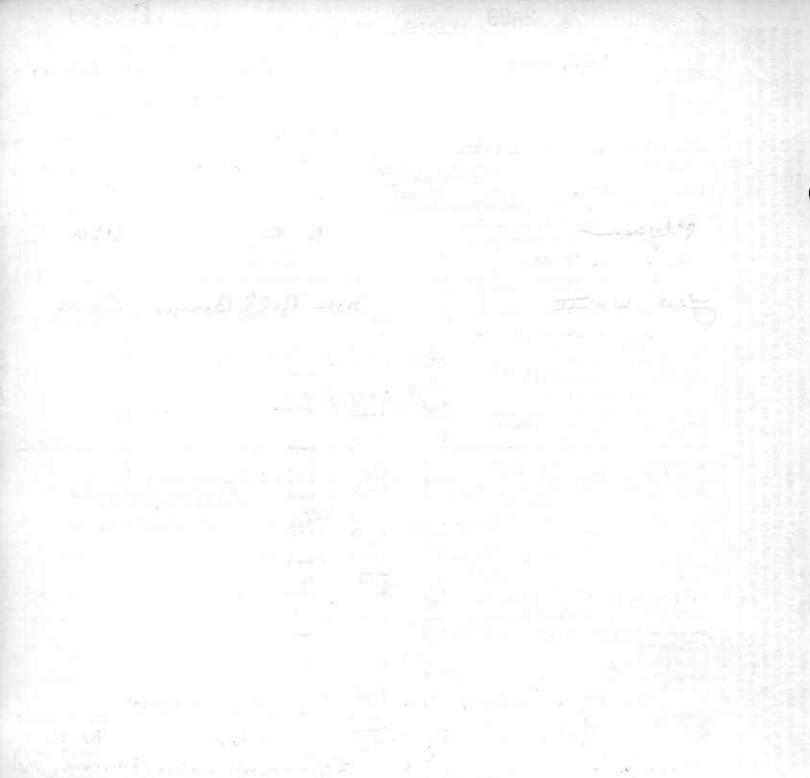
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VS 150-REV. 1/1/68



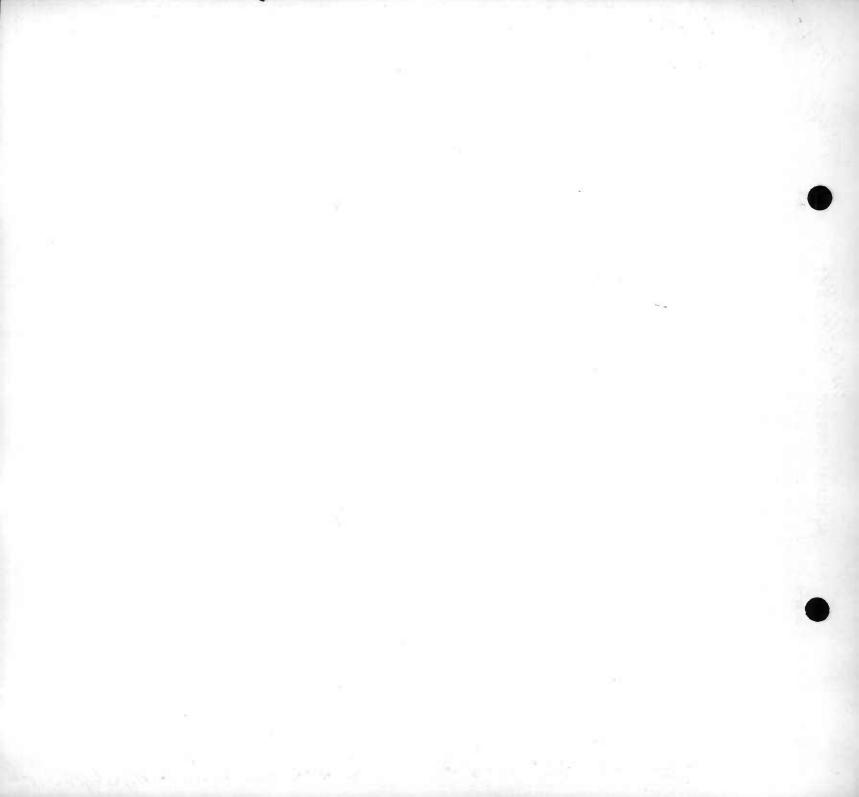
death

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO BARNES, Henry 3/22/71 | 1:05 p. M.
4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before admission) 1:05 p. M. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance FULL NAME OF HOSPITAL OR INSTITUTION Maryland Baltimore IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES NO X prior E. STREET AND NUMBER The Johns Hopkins Hospital Building 43 in regular Mt. Wilson Hospital 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE IIn years MARRIED NEVER MARRIED II Under 1 Yr. II Under 24 Hrs. Months! Doys Hours Min. Male Cauc. WIDOWED DIVORCED 8/23/16 54 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stota or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin F. Barnes Bertha Pridgen eath 60 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) lif yes, give wor or dates of service) 6. SOCIAL 7. INFORMAN ADDRESS SECURITY NO. ww. attenda CAUSE OF DEATH 9 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: empa 20 injury or complication which caused death.) regu ANTECEDENT CAUSES the remains are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF to the above cause (A) stating the UNDERLYING CONDITION last Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in ar about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL °N DEATH Inotify medical examined (e) obtained 21 D. TIME (Month) (Day) (Year) (Haut 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROXI and 22. I certify that (N (this hospital) attended the deceased from 3-22 19 that (1) (we) last saw the deceased alive an and that In (my) (our) opinion death occurred on the date oath) hospital and hour and from the causes stated above. (1) (We) (did) (did hot) view the bady after death. 23A. SIGNAT URE 23 B. DATE SIGNED Attending Med. 23C. PHYSICIAN'S prior 23D. ADDRESS M. D. CEGREE Anthony S. The Johns Hopkins Hospital Jennings, 24A. BURIAL CREMATION, REMOVAD ISpecify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) o (State) 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV. 1/1/68



PUNERAL DIRECTOR: IMPORTANT

1	2.00	BALTIMORE CIT	Y HEALTH DEPARTMENT	P14	2000
BIRTH	71 1 No.	2900 CERTIFICA	TE OF DEATH	REG. NO.	<u> 2800</u>
	or Print)	G1 - 16-16.	3/21/71	UR OF DEATH	
3. PL.	ACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	osed lived. Il institutions	esidence before admission)
FULL		OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY		1803
INSTI	TUTION ADDRESS OF EOCATIC	, N,	C. CITY OR TOWN	D. INSIDE CITY L	
11	South BALTI GE	λ	E. STREET AND NUMBER	YES	NO 📗
5. SEX	K 6. RACE 17.		842 W. Met	ZN1	
***	Z n	MARRIED NEVER MARRIED DIVORCED DIVORCED	1/23/10 last bi	(In years If Unde Months	Doys Hours Min.
done d	USUAL OCCUPATION (Give kind of work 10 Eduring most of working tife, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign cau	nfty) 12. CITI	ZEN OF WHAT COUNTRY
13. FA	THER'S NAME		14. MOTHER'S MAIDEN NAME		
	do 170	1.	mar Illa	_	
5. We	os Deceosed Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANY	t d	ADDRESS
e Gogin	o or unknown) (If yes, give war ar dates of	SECURITY NO.	Pili mi		
18	. 1310 40	CAUSE OF DEAT	H H	ret-	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIREC	TLY	A]	BETWEEN ONSET AND DEATH
10	LEADING TO DEATH	(A)IMMEDIATE CA	JSE C V A		
h	This daes not mean the made of dy earl failure, asthenia, etc. II means the	disease. DUE TO, OR AS	A CONSEQUENCE OF:		
10	ANTECEDENT CAUSES	1]	1		
n	DISEASES OR CONDITIONS, if any,	(B) DUE TO OP AS	CONSEQUENCE OF:	-	
ris	se to the above cause (A) sta INDERLYING CONDITION last.	ling the	A CONSEGUENCE OF:		
-	11	(C)			
€ ITO	II THER SIGNIFICANT CONDITIONS CONTR O THE DEATH BUT NOT RELATED TO THE TI ISEASE OR CONDITION GIVEN IN PART T	IBUTING Diabe	eles Mellitus		Paris.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A-DATE OF OPERATION 198 CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 20B.	IP YES, WERE FINDINGS ERTIFYING CAUSES OF D	CONSIDERED DEATH?
U 21	A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	n ar about 21 C. WHERE DID	(If In Baltimore City, give	exact location)
A DE	EATH (natily medical examine)	hame, lorm, lactory, street, o	fice bidg., INJURY OCCUR?		
2 IA	D. TIME (Manth) (Dayl (Year) (H	and 21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
	APPROX.)	While At Wark		, ,	
22	2. I certify that (I) (this hospital) at	tended the deceased from	3/20/21 19	to 3/2/	71 10
	at (1) (we) last saw the deceased a		19 and that in (ny) (ovr) apinian deat	h accurred an the date
an	nd hour and from the causes stated	abave. (1) (We) (did) (did pot)	lew the bady after death.		
23/	A. SIGNATURE	NOT		23B, DAT	SIGNED
	Ayry	DEGREE Phy	nding Med. Staff Phys.] 3/	21/71
23	C. PHYSICIAN'S NAME (Type)	JGWE M.D	23 D. ADDRESS		
24A. B	BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	MATORY 24D. LOCATIO	N (City, tawn, or	county) (State)
31	25/11 Sural	mt lale	rang aa	to me	
25A. D	MAR 24 19/1 Outles &	Name of Begistear	250 FUNERAL DIRECTOR	123 W.M.	ADDRESS
/S 150	0-REV. 1/1/68		10.00		The Marine



DIANE

			REG. NO.	./	
K-240 71 2	QUI CERTIFICA	ATE OF DEATH			
NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH		
Type or Print) DIANE RU	ISSELL		3/18/71	1 6:20	DA
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. It in		e odmission
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	WASH INGTON	, D. C.	V-4	8
HOSMITAL OR ADDRESS OR LOCATION	4)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
THE JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER		YES NO	
		1884_COUMB	IA RD N. W	. APT 210	
FEMALE WHITE NEGRO WI	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 7-8-44	9. AGE (In years lest birthdoy) 26	Months Days Hour	nder 24 Hr
OA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTED	Y 11. BIRTHPLACE (State of for	reign countryl	12. GITIZEN OF WHA	COUNTE
lone during most of working life, even if refired)		Wash.	D.C.	4.5 F	7
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME ./	1	
SYPHAX BURNETTE		RUTH MAR	Smith	9	
5. Wee Deceased Ever in U. S. Armed Ferces? Tos, no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. (NFORMANT		ADDRESS	
A/O	SECURIT NO.	DANIEL RUS	15011 Sp	neas 4.	E
18, 2 4 3 28	CAUSE OF DEA		30/1 3/11	APPROXIMA	
DISEASE OR CONDITION DIRECT	5000			BETWEEN ONS	ET AND DEA
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(This does not mean the mode of dying	(A) WINED INTE	OSC CCIOOTICS			
hand fellow authority at the manual the	DUE TO, OR AS	A CONSEQUENCE OF:			
heart failure, asthenia, etc. It means the injury or complication which caused deat	disease,	A CONSEQUENCE OF:			
heart failure, asthenia, etc. It means the injury or complication which caused deat	disease, hJ	S A CONSEQUENCE OF:		and 3m	onths
heart failure, asthenia, etc. It means the injury or complication which caused deat ANTECEDENT CAUSES	disease, h.) (8) Chlomo	phobe adenoma	surgically new	wed 3 m	onths
heart failure, asthenia, etc. It means the injury or complication which caused deal ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state	disease, h.) (a) <u>Ch lomo</u> giving <u>DUE TO, OR A</u>	S A CONSEQUENCE OF:		wed 3 m	onths
heart failure, asthenia, etc. It means the injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	disease, h.) (a) <u>Ch lomo</u> giving <u>DUE TO, OR A</u>	S A CONSEQUENCE OF:		wad 3 m	onths
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heart failure, astheria, etc. It means the injury or complication which caused deal ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION CONTRIT TO THE DEATH BUT NOT RELATED TO THE TED DISEASE OR CONDITION GIVEN IN PART 1 (FOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIAME (Month) (Doy) (Year) (Heart Cause) (Approx.)	giving (B) Ch Lomo DUE TO, OR A DUE TO, OR A CC) BUTING RMINAL A. DN FOR WHICH OPERATION AED 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Wh Work Tended the deceased from Deceased Not White At Work Tended the deceased from Deceased The Act of the Ac	phobe adenoma A CONSEQUENCE OF: Phobe adenoma A CONSEQUENCE OF: Pric diabotes 20A. AUTOPSYZ (Yes or) CS In or obout[Z] C. WHERE DID office bidg., INJURY OCCURY 21F. HOW DID IN	SURGICALLY NAW (NSI DIOL S NO) 20B, IF YES, WERE IN CERTIFYING CA (If In Boltimos	FINDINGS CONSIDERE USES OF DEATH? THE City, give exact location	ouths
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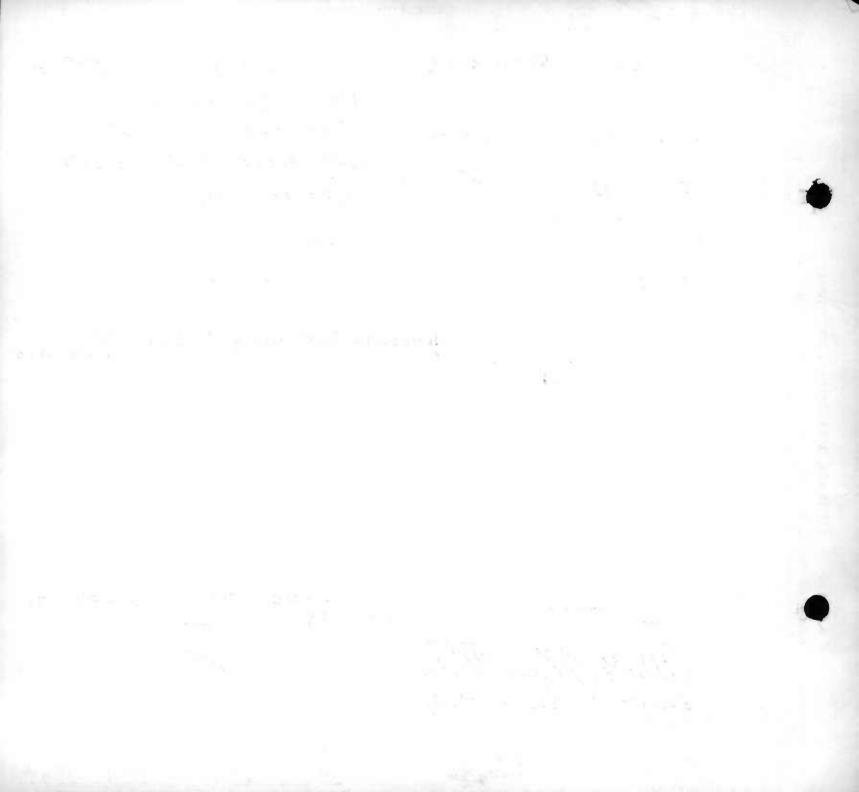
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IMPORTAN

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hospital and of death

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BIRTH NO.		~3U	CERTIFICA		E AND HOUR OF DEATH	
(Type or Print)	FREDERICK	J. ALF	RED DOSCH			and the same
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived, II i	71 9:15 A. N
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Md.	ID IN	SIDE CITY LIMITS?
00	3129 Fait A	ve.		Baltimore		YES NO
00	Baltimore,		. 110.	E. STREET AND NUME		
			,	3129 Fair	Ave. # 2122	4.
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr Il Under 24 Hrs.
Male	White	WIDOWE		March 30,190	33 67	Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work working life, even If refired)	108, KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State of	r (oreign country)	12. CITIZEN OF WHAT COUNTRY
Reti	red	Stand	. Oil Co.	Perth Ambo	v N.J.	U.S.A.
13. FATHER'S NA	ME			Perth Ambo	NAME	0.0.1.
	George				Sarah Byar	d
5. Was Deceased (Yes, no at unknown	Ever in U. S. Armed For (If yes, give wor or date	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			214-01-4572	Alice M. Dos	ch : 3129 Fa:	it Ave Balto. Md.
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TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	HE TERMINAL	***************		******************************	
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22. I certify	that (1) (this hospital) ottended	the deceased fram			19
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23A. SIGNATU	JRE	1/100		riem the budy diter de	JIII.	238, DATE SIGNED
	melito	Ma. 1	- Dha	ending Med.	Staff Phys.	3-23-71
23C. PHYSICIA NAME (1		T 11 1200	DEORELS	23D. ADDRESS		
			RES	441 S. Ellwo	od Ave., Balto	.,21224,Md.
24A. BURIAL CRE REMOVAL (MATION, 248, DATE Specify)	24C.N	AME of CEMETERY of CR			ity, town, or county) (Stote)
Buria		b La	Reart Heart	Cemetery 7	401 German H:	ill Rd., Ba.Co., Md.
25A, DATE LENG	BY ME A TH DEPT	The second second	OF REGISTRAR	25C-FUNERAL DIRE		ADDRESS.

25C. FUNERAL DIRECTOR

ADDRESS ing St.

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(Ty	e or Print)	Albowt	Maal.	ALBERT A.N	DCK 2. DATE	ND HOUR OF D	EATH		
3.	PLACE IN BALTIJ	MORE MARYLAND, W			A USUAL RESIDENCE (WI	March 22	d. If institution	5:05 n: residence before admis	P M.
FU	LL NAME OF	(IF NOT IN HOSPIT	AL_OR INSTI	TUTION, GIVE STREET	Md	MII		2607	
HC	SPITAL OR	ADDRESS OR LOC.	ATION)		c. CITY OR TOWN Baltimor		. INSIDE CIT		
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5,		ver in U. S. Armed Fer if yes, give war or dok		The second secon	17. INFORMANT	ENCE	MIL	ADDRESS	
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	other signific to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A-DATE OF CONTRIBUTION CONTRIBUTION (APPROX.) 21A-ACCIDENT OR CONTRIBUTION (APPROX.) 22. I certify the the (i) (we) is and hour and its contribution of the contribut	above cause (A) CONDITION last. II ANT CONDITION S CO BUT NOT RELATED TO 1 INDITION GIVEN IN PAI PERATION 198 CON WAS PER WAS UNDERLYING ING CAUSE OF redicol exomined Month) [Day) (Year) hat (1) (this hospital post saw the decease from the causes state E	ONTRIBUTING THE TERMINAL IT I (A). IDITION FOR IT I (A). IDITION FOR WW I) attended ed alive on, ited abave.	WHICH OPERATION S. PLACE OF INJURY (e.g., mae, farm, factory, street of the control of the control of the control of the deceased from th	20A AUTOPSY? (Yes or y & S.	No. 208, IF YES, IN CERTIFYIN (II In E	WERE FINDIN IG CAUSES C Baltimere City, 2 17) opinion d	give exact location) 2 7 19 leath occurred on the	7/_ date
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THE RESERVE AND THE PROPERTY OF THE PERSON O

Tun- 71 2	905 BALTIMORE CITY	HEALTH DEPARTMENT	7.	1 2905
BIRTH NO.		TE OF DEATH	REG. NO.	
1, NAME OF DECEASED (Type or Print) TOLSTON	ERNEST, B.	2. DATE AN	1-7/	1 9:40 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If instituti	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF AODRESS OR LOCATION	INSTITUTION, GIVE STREET	RADAMORE	MARKE	A-120 #2122 9
AODRESS OR LOCATION		C. CITY OR TOWN BALT	THORE D. INSIDE C	ITY LIMITS?
37		E. STREET AND NUMBER	LDENGE YES	NO 261
MERCY HOSPITAL		5165.BU	ULDIN ST.	#21224.
11 - 1	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years II Mo	Under 1 Yr. Il Under 24 Hrs. nths Doys Hours Min.
DA USUAL OCCUPATION (Give kind of work 108.)	OWED DIVORCED DIVORCED	3-10-05	61	CITIZEN OF WHAT COUNTRY
fone during most of working life, even if refired)				U. S.A.
3. FATHER'S NAME	THI STEEL CO.	BERKLEY, V.		U. 31111
	TAICTAN			16
SAMUEL T.		CATHEKI	INE ADKIN	ADDRESS.
5. Was Decaded Ever in U. S. Armed Forces? fos, no of unknown) of yes, give war or dotes of s	ervice) SECURITY NO.	1	EY ITS.ROBIA	USON ST. LIZZY
18. / 9	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y	Kespin All	A DARKET	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CA	USE	ARREST.	
heart failure, asthenia, etc. It means the d	isease,	A CONSEQUENCE OF:		
injury or complication which caused death ANTECEDENT CAUSES	DRON	cho puento	nla	
DISEASES OR CONDITIONS, if any,	giving (8)	A CONSEQUENCE OF:	*	
rise to the above cause (A) statis	ig the CARCIA	VOMA OF L	unn	
	(6) - 113.512			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 JA 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TI				
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	FOR WHICH OPERATION	20A. AUTOPSYS USE OF No	10 CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, farm, factory, street, a	in or obout 21 C. WHERE DID	(If In Boltimore City	y, give exact location)
C DEATH (notify medical examined	home, farm, factory, street, a	ffice bidg. INJURY OCCUR?		
21D-TIME (Month) (Day) (Year) (Her	10 21E INJURY OCCURRED	21f. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🔲		
22. I certify that (*) (this hospital) atte			19 7/ 10 3	13/ 197/
that (\$\Phi\$ (we) lost sow the deceased all	3/-	1		death occurred on the dat
and hour and from the courses stated al				
R3A. SIGNATURE	9 /		238	DATE SIGNED
Catach H M		ending Med. Director	Staff Phys A	3/21/71.
23C. PHYSICIAN'S	DEGREE "	23D. ADDRESS		
PATRICK A		MERC	Y HOSP.	
24A. BURIAL CREMATION, 248. DATE	24C.NAME of CEMETERY of CH			wn, or county) (State)
BURIAL 3-25-71	SACRED HEAR	T CEM . 140	I GERMAN HILL	RO. BALTO, Co. MD.
	NAME OF REGISTRAR	250- FUNERAL DIRECTOR	10 9015, CI	ONKLADONS ST.
MAR 24 TUT CAR	a vielber Ha	charles & 3	LLEN BALTO,	21224, MD.
VS 150-REV. 1/1/68		V		

A Branches

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CATAST GATAST

ALSH POPLA

PATRICK A.

A STANDARD STANDARD OF THE BUILDING

6-2

1 -	111	2007	BALTIMORE CIT	Y HEALTH DEPARTMENT		1914 O-07
BIRTH NO.	60 11	2907	CERTIFICA	TE OF DEATH	REG. NO	71 2907
I, NAME OF DE	ECEASED			2. DAYE	AND HOUR OF DEATH	
(Type or Print)	GUTHRIE, S	Samuel			3/23/71	1 12:05 p. M
3. PLACE IN BA	ALTIMORE, MARYLAND,		CED DEAD	4. USUAL RESIDENCE (WI	here deceased lived, Il i	
FILL						5300
FULL NAME O	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	Maryland c. CITY OR TOWN	Balti	
INSTITUTION				Baltimore	D. INS	SIDE CITY LIMITS?
				E. STREET AND NUMBER		YES NO NO
3.5	hns Hopkins				reet (Spar	rows Pt.)
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months: Days Hours Min.
Male	Negro	WIDOWED		2/7/02	69	The state of the s
IOA USUAL OC	CUPATION (Give kind of wo	NIOR KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or la	reign country)	12. CITIZEN OF WHAT COUNTRY
ione during most c	of working life, even if retired)					
3. FATHER'S NA	AAAE	1		14. MOTHER'S MAIDEN N.		
or contract of the	Claude Gu	thrie		Sallie Po		
	CIAGGC GC	CIII		Dallie 1	CIIICK	
5. Was Decess	ed Ever in U.S. Armed Fa vn) Uf yes, give war or dot	rces?	6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	vii) ui yes, give war or doi	es of selvice/	SECURITY NO.			
-100						
18.4/	2, 7 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DE	RECTLY		11 1200	11. 1-1.	1: 011
(This does			(A) IMMEDIATE CA		dial Inte	arction dehis
heart failure	not mean the mode of a asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	omplication which caused	death.)	Λ	/ .		
	ANTECEDENT CAUSES	5	4	SCVD		
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
rise to t	he above cause (A)					
UNDERLYIN	NG CONDITION last		(C)	*************************		************
	11					
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	11/2	e		
DISEASE OR	ATH BUT NOT RELATED TO 1 CONDITION GIVEN IN PA	RT 1 (A).	1000			
	OF OPERATION 198. COP	IDITION FOR WH	ICH OPERATION	20 A. AUTOPSYT (Yes or)	10 20B. IF YES, WERE	FINDINGS CONSIDERED
				NO	IN CERTIFIENG CA	COSES OF DEATH?
	ENT WAS UNDERLYING	218, PL	ACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If In Boltimo	re City, give exact location)
DEATH Inchi	BUTING CAUSE OF	home,	torm, tactory, street, o	ffice bldg. INJURY OCCUR		
21D. TIME		411 4 215 1				
OF INJURY	(Month) (Doyl (Year)		NURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROXI		While	At Work			/
22. I cortif	y that (1) (this hospita	I) gatended the		brok 8	10 7/ 10 Ma	10/23 11/
			March 2	3 21	- · · · · · · · · · · · · · · · · · · ·	19
	a) last saw the deceas		T	***************************************		inlan deoth accurred an the dat
		ted above (i)	(ton play (pip) (em)	lew the body after death.		
23A. SIGNAT	DREY 1 -	10-0				238 DATE SIGNED
A	Kenho. 1.	16.00.	nn Ath	nding Med.	Shoff Phys.	3/22/21
23C. PHYSIC	IANDS	rucu	IVII) DEGREE Phy	23D. ADDRESS	rnys. 🕰	1/00/7/
NAME	(Typel	14277				,
	Stephen I	. Mille:	r, M.D.	The Johns I	Hopkins Ho	spital
4A. BURIAL CR REMOVAL	(Specify) 248 DATE	24C. NAM	E of CEMEYERY OF CR	MATORY 24D	LOCATION	ity, town or county) - (State)
NOTITIO VAL	(apecity)	10	nuls Con	utory (ourtal	The 110
SA. DAYE BEC	D BY HEALTH DEPT.	258, NAME OF	REGISTRAN	1010 1100 011	47	1
1000	4 740000	TAME OF		25C. FIRSTERAL DIRECTO	Moss as	. 18 27 naw
MAK O	1 21 1580.6	E. Vales	468	100000	- Suncor	COOL
\$ 150-REV. 171	768	To manage the		4		

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

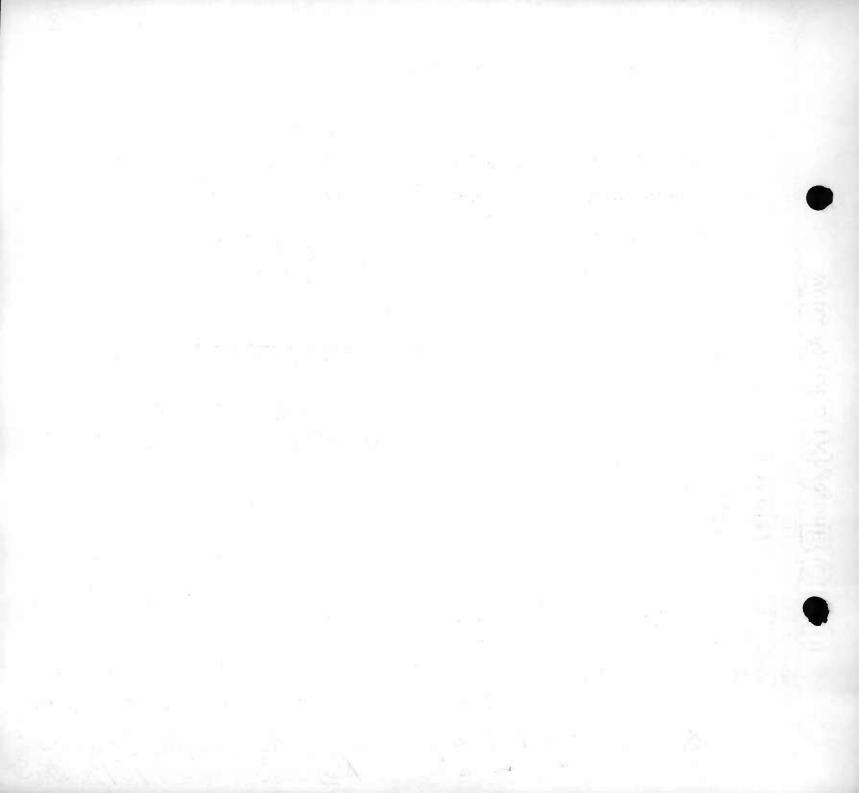
NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

If Under 24 His.



1.	20	7	71 2	2909	BALT	IMORE CITY HI	ALTH DEPA	RTMENT				
BIRTH N	ic		WED	ICA	LEXAM	MINER'S	CERTIFI	CATE OF	DEATH	REG. NO.	71	2909
I. NAM	E OF DEC	EASED					I. DATE	Known 🗀	Month	Doy	Yeor	177
(Type or			LEONARI		DODD		OF DEATH	Estimoted	March		.971	7:05 P.M.
			ARYLAND, W				3. DATE		Month	Doy	Yeor	Hour
FULL NAM	L	(IF NO	T IN HOSPITA	LORINS	TITUTION, GI	VE STREET	PRONO	JNCED DEAD	March	17, 1	.971	7:05 P. M.
OR INSTI	NOITUTI						5. USUAL R	ESIDENCE (Where	dece ased live	d. If institution	n: residence b	etore admission)
2	1		dent Ho		27			Maryland	В,	COUNTY	15	12,
6. SEX		7. RACE		8. MAR	RIED NEV	ER MARRIED	C. CITY OR	TOWN		. INSIDE C	ITY LIMITS?	
Mal	e OF BIRTH	Neg		WIDO		DIVORCED .	11	Baltimore		Y	ES X N	10
			10. AGE (In last birthdoy	57	Months: Doy	r. Il Under 24 Hrs. ys Haurs Min.		AND NUMBER 2912 Ulmar	n Avenue	2		
II. BIRTH	JPLACE (SI	lote or forei	on country)		12. CITIZEN	OUNTRY?	13. FATHER	SNAME	1	1	/	
1	all	imo	re	40 4444			W	allace	1	006		
done durk	at occur	otking life, ex	en if relired)	4B. KINI	OF BUSINE	SS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	ME /	1	1	
IA WAS	DECEASE	DEVERIN	U.S. ARMED	FORCE	5? 17. SC	CIAL	10 1/1500	largu		ond	_	
(Yes, no or	runknown)	(If yes, give	wor or doles o	f service	SE	CURITY NO.	IB. INFOR	MANI	a del	A	DDRESS	
19.	, 1 7	0 0	347	-	141-	CAUSE OF DEA	Di Ca	Chelo	our		A 0.00	ROXIMATE INTERVAL
	7.1	X I d			,		•••					EN ONSET AND DEATH
		EADING TO	ITION DIREC	TLY	r			arterioso			3	
(Th	als does no	i meon the	mode of dyl	ng, e.g.,		DUE TO, OR	AS A CONSEQ	cardiova	ascular	diseas	e	
ini	ury or com	plication whi	ch coused dea	th.)							100	
	AN	TECEDENT	CAUSES			(4)						
DI	SEASES O	R CONDITI	ONS, IF ANY,	GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
1 02	NDERLYIN	G CONDIT	ON LAST.	ING IHE		(c)						
			II			(C/						
SE DE	SEASE OR	TH BUT NOT	RELATED TO T	HE TERM	INAL			***************************************				
20A.	DATE OF	OPERATION	1 20B. CON	DITION	FOR WHICH	OPERATION W	S PERFORM	ED			21. AUTOP	SY? (Yes or No)
1	1										1	Yes
品 UTIN	ERLYING [AL CAUSE OR CON	TRIB.		22B.PLACE (OF INJURY (e.g., octory, street, offic	In or obout 2: bldg., etc.)	C. WHERE DID (if in Boltimore C	ily, give exo	ct location)	
≥ 22D.	TIME (A	Aonth) (D	oy) (Year)	(Hou) 22E.INJU	RY OCCURRED		F. HOW DID INJ	URY OCCUR?			
(APPI	ROX.)				m. WHILE AT	O NOT	WHILE CORK					
23.					_							
		fy that I h		quiry [apsy XX	and that on th	is basis, de	ath In my	opinion	
	resulte	d fram: N	oturol cous	es XI	Accident	Suicid			Indetermined	manner []	
	ACTUAL	11	.00	1	2,	1		HIEF MEDICAL EX	_		D	ATE SIGNED
	SIGNATU		nus	V ,	wen	M.D	ASSIS	TANT MEDICAL EX	CAMINER X			0.0.125
	NAME (Ty	pe)		S.		te, M.D.		CIATE MEDICAL E		Mar	ch 18,	1971
REMOVA	JAL CREM.	Allon, 2	4B. DATE	m	24C. NAM	E of CEMETERY	OF CREMATO	24D. L	OCATION	(City, town	or county)	(Stote)
15	Unc	al &	J-del	1/	11/1	Y DEL	20014	Com	4.4	.60		max
25A. DAT	E REC'D B	Y,HEAUH	DEPT.	25B. N	AME OF REC	GISTRAR	25 C/F	NERAL DIRECTO	8	AL	DRESS	0 10
MA	RPA	TOTA	O A all	2	197	13 7	A	MER	ande	no I	176-11	restor S
VS 151-RE	V. 1/1/68			1 11		9.		- 9				

THE RESERVE OF THE PERSON OF T IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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Table Section Street Section

Male Pegro x 5-20-04 (6

Retired from Calvert Dist. Saltimore, Maryland

John Francio Conten

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11-11-11

17-33-E

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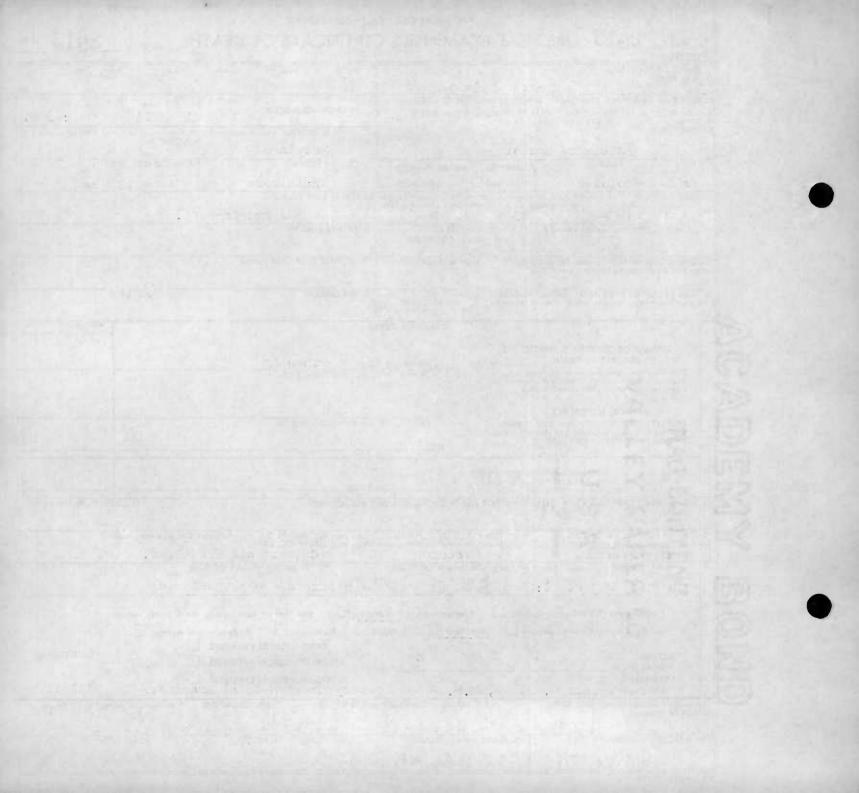
VS 151-REV, 1/1/6B

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VS 150-REV. 1/1/68

t as 3 sept

DI	71 RTH NO.	2913	MED	ICAI	L EX	XAMINER'S			F DEA	TH REG. NO	71	2913
I .	NAME OF DE	CEASED			==		2. DATE	Known 🔼	Month	Day	Year	Hour
(ly	pe or Print)		Hub	ert	Me:	lvin	OF DEATH	Estimoted)			M
4.	PLACE IN BA	LTIMORE, M				DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							ESIDENCE (Who	3		71	10:55 a -M
1	20		more Ha	rbor			II A. STATE	Maryland	ire deceosed	B. COUNTY	16	06
6.	SEX	7. RACE		B. MARI	RIED [NEVER MARRIED	C. CITY O	R TOWN		D. INSIDE	CITY LIMITS	
	male	color	ed	WIDON	WED [DIVORCED [Baltimor	e:e		YES 🗌	NO 🗆
9.	DATE OF BIRT	011	10. AGE (In	yeors y)	Mon!	nder 1 Yr. If Under 24 Hrs. hs; Doys, Hours, Min.	E. STREET	AND NUMBER				
C	11:21	1726		45				603 Du	ikeland	d St.		
11.	BIRTHPLACE	1	gn country)			HAT COUNTRY?	13. FATHER	'S NAME				
dor	USUAL OCCU	JPATION (GI	ve kind of work		OF	SUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NA	AME			
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN	U.S. ARMED	FORCE:	s? •)	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS	
	19.	10.	15			CAUSE OF DEA	TH					APPROXIMATE INTERVAL
	DISEAS	∖I SE OR CONE		TIV							BET	WEEN ONSET AND DEAT
	DISEAS	LEADING TO		-111		ANIMAMEDIATE	CALICE	Drowning				
	(This does a	not mean the	mode of dy	ing, e.g.,		(A)IMMEDIATE DUE TO, OR	AS A CONSE					
	injury or co	mplication whi	ich coused de	th.)								
	Δ	NTECEDENT	CAUSES			445						
	DISEASES	OR CONDITI	ONS, IF ANY	GIVING		(B)DUE TO, OR	AS A CONSE	QUENCE OF:				
-		E ABOVE CA NG CONDIT		ING THE							380 6	
Ó			II			(c)						
CERTIFICATION	TO THE DE	NIFICANT COL ATH BUT NO	NDITIONS CO	THE TERM	LANL	\$100 MAP & Calculus Sulves source						
ERT						WHICH OPERATION W	AS PERFORM	AED			21. AUT	OPSY? (Yes or No)
ਹ	2											
\ Y		NAL CAUSE			228. P	LACE OF INJURY (e.g.	in or about	2C. WHERE DID	(Il in Boltin	nore City, give ex	yes (act location)	
E	UNDERLYING CA	USE OF DEA	TRIB- ATH.		nom e,	lorm, loctory, street, office water	e bldg., etc.)	Calvert	and Pr	ratt Sts	40	1
Σ			Day) (Year) (Hou	r) 22	E.INJURY OCCURRED	0)	2F. HOW DID II				
	(APPROX.)	3 11	71 1:	00 p			WHILE X	drowned w	hile s	swimming		
	I cert	ify that I h					topsy 🛛	ond that on		s, death in my		
	resul	ted from: N	lotural cou	ses 🛄	Ac	cident X Suici	de 🔲 H	omicide 🔲	Undeter	mined monner		
	ACTUAL	MARK	10 1			2		CHIEF MEDICAL	EXAMINE	· 📙		DATE SIGNED
	SIGNAT	URE	MA	1	1	hM.C	. ASS	STANT MEDICAL	EXAMINE	₹ 🔲		DATE STORED
		Type) Wer		Spit			Deputy	Chief Medical	EXAMINER lical	Examiner		3/12/71
	MOVAL (Special		24B. DATE	1.	24	NAME of CEMETERY	or CREMATO	DRY 24D	LOCATIO	N (City, tay	n, ar county) (State)
25	A. DATE REC'D	BY HEALTH	3/30/ DEPT.	7/ 1258 N	AME	OF REGISTRAR	emin 1250	FUMERAL DIRECT	the r	e), !	1400	Short
	M	AR 21				Faber M.D.	250.	7 - TI	and	11719	W M	Tark A.
VS	151-REV. 3/1/6	8		-	1	1 50		1 20		1110		4 10 10



IMPORTAN

DIRECTOR:

FUNERAL

ANTALES ON SHIP STRUCKS

GALTINGE, MP.

M W

323 S. AMW. STICE

3-23-14 57

House Primaree Ky

GILLES BLAIK KACHEL GOOD

WINE SERE BANK IN THE

MASSIVE ACUTE NAME AND ASSESSED IN THE COLUMN

MAK 25 21 MM 23

V Mark 21

Russum Hom HD .

RUSTUM IRANI HS CHURCH HOME AND HOLFSTALL

VS 151-REV. 1/1/68

Ind Ond E	CITY HEALTH DEPARTMENT
IRTHNO. 71-02119 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. NO. 71 2015
NAME OF DECEASED ype or Print)	2. DATE Known Month Doy Yeor Hour
YOLANDA MILLIER	OF DEATH Estimoted
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DECAMOUNICED DEAD
JIL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD 3 x 14 1971 8:15 a 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1 / 710 Port Height - Area	A. STATE B. COUNTY
4718 Park Heights Ave.	Md.
MARKIED NEVER MARI	KIED
female negro WIDOWED DIVOR	120 110 110
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 1 Yr. If Under 1 Months; Doys; Hour:	s Min.
2/4/71 5 wks.	4718 Park Heights Ave.
BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME
baltimore, maryland U.S.A.	oeffery Miller
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IT	NDUSTRY 15. MOTHER'S MAIDEN NAME
ned with a most of working life, even il retired)	Loretta Purcell
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
es, nany unknown) (If yes, give wor or dotes of service) SECURITY	No. Jeffery Miller, 4718 Park Heights Ave.
19. 7 CAUSE	OF DEATH APPROXIMATE INTERVAL
/75/1	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	MEDIATE CAUSE Sudden Death in Infancy
(This does not mean the made of dying, e.g., DITE	
neort tollure, ostnenio, etc. it means the disease,	ETO, OR AS A CONSEQUENCE OF:
heart loilure, osthenio, etc. Il means the disease, injury or complication which coused death.)	E TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	ETO, OR AS A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES (B)	TO, OR AS A CONSEQUENCE OF: TO, OR AS A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
injury or complication which caused death.) ANTECEDENT CAUSES (B)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	TO, OR AS A CONSEQUENCE OF:
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ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY (e.g., in or obout reet, ollice bldg., etc.) INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC WHILE AT	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) YES JRY (e.g., in or obout INJURY OCCUR? NOT WHILE 22F. HOW DID INJURY OCCUR?
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ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC WHILE AT WORK WORK 23.	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) YES JRY(e.g., in or obout 1 22C. WHERE DID (If In Boltimore City, give exact location) Indicated bidg., etc.) CURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA DISEASE OR CONTRIBUTION FOR WHICH OPERA CONTRING OR CONTRIBUTION FOR WHICH OPERA CONTRIBU	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY(e.g., in or about 22C. WHERE DID (If In Boltimore City, give exact location) INJURY OCCUR? OURRED NOT WHILE AT WORK and that on this basis, death in my opinion
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING CAUSE WAS UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC WHILE AT WORK WHILE AT WORK	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY(e.g., in or obout location) JRY(e.g., in or
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIBUTING FORM, loctory, st UNDERLYING OR CONTRIBUTING CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIBUTING CONDITION FOR WHICH OPERA UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION FOR WHICH OPEN CONTRIBUTION	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) YES JRY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? CURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR? Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA DISEASE OR CONTRIBUTION FOR WHICH OPERA CONTRIBUTION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS 12A. EXTERNAL CAUSE WAS 12A. EXTERNAL CAUSE WAS 14A. EXTERNAL CAUSE WAS 15A. EXTERNAL CAUSE W	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY(e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) Industrial Injury occur? CURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR? Autopsy ond that on this basis, death in my opinion Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIBUTING FORM, loctory, st UNDERLYING OR CONTRIBUTING CONDITION FOR WHICH OPERA UTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY (e.g., in or obout location) JRY (e.g., in or obout
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIBUTION FOR WHICH OPERA UNDERLYING OR CONTRIBUTION FOR WHICH OPERA UNDERLYING OR CONTRIBUTION FOR WHICH OPERA UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCUPANCY (APPROX.) 1 Certify that I held on Inquiry Inspection resulted from: Natural sabses Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Is idore Mihalakis, I	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? CURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR? Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER 3/14/71
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS LIFE ANY, GIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTI	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY (e.g., in or obout location) JRY (e.g., in or obout
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA UTING CAUSE WAS UNDERLYING OR CONTRIBUTING Form, loctory, st UTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (APPROX.) I certify that I held on Inquiry Inspection Resulted from: Natural sabses Accident ACTUAL SIGNATURE EXAMINER'S ISIDATE 24C. NAME of CE	TION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes JRY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? CURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR? Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER 3/14/71

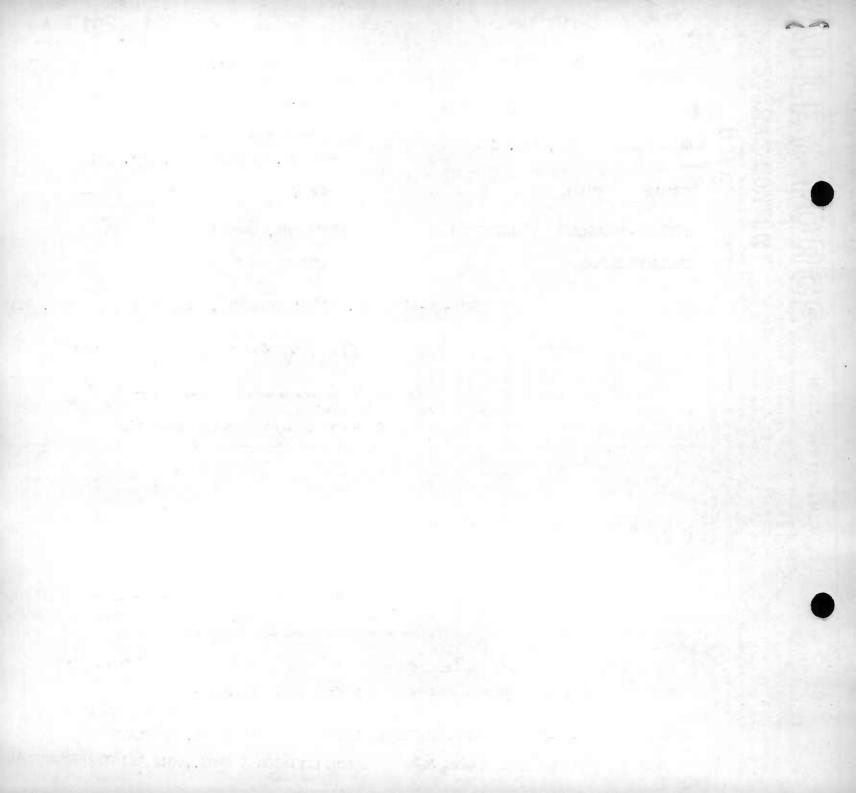
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IMPORTANT

DIRECTOR:

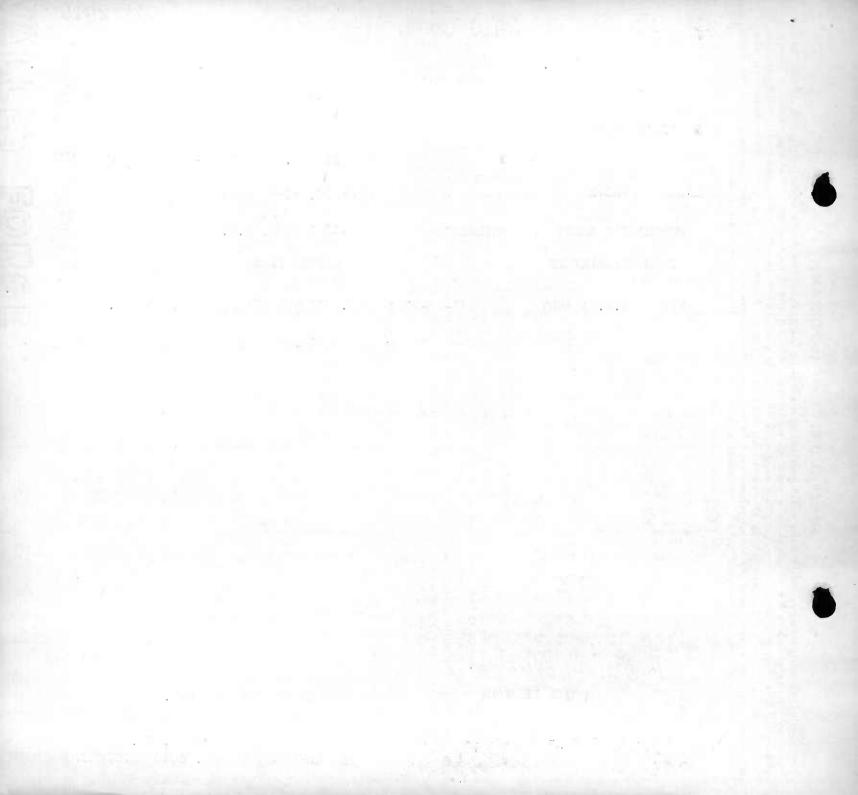
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V\$ 150-REV. 1/1/68



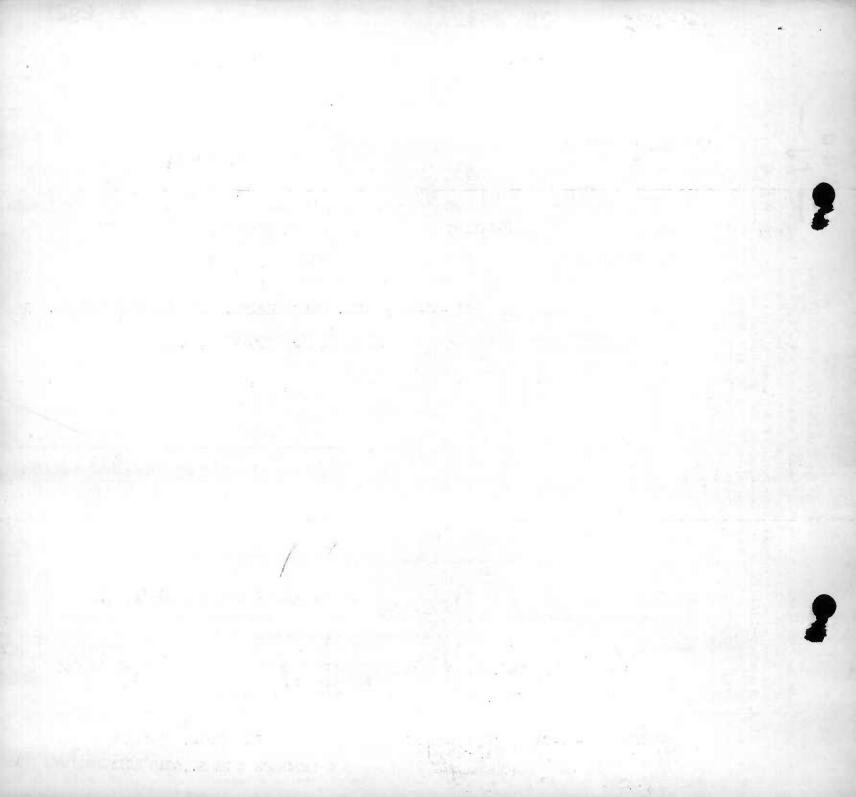


IRTH NO.		291	9 CERTIFICA		ND HOUR OF DEATH	н	
ype or Print)	MYRON M.	OPPENHE	IMER		ARCH 22, 197		1 P.
PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased tived. if	institution: reside	ence before odmission
ULL NAME OF	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			MARYLAND		1	740
OSPITAL OR	OSPITAL OR ADDRESS OR LOCATION)				D. IN	SIDE CITY LIMITS	\$?
S SINAI	HOSPITAL			BALTIMORE		YES 🗌	NO 🗌
112				E. STREET AND NUMBER	DAMINAONE ALLE	73.50.17	
100		I-		B. DATE OF BIRTH	RATHMORE AVE		V 16 13 -1 - 24 H.
MAT E	6. RACE WHITE		NEVER MARRIED		9. AGE (In years lost birthdoy)	Months Doy	Yr. If Under 24 Hr
MALE		WIDOWED		JULY 30, 1899	71	12 CITIZEN	OF WHAT COUNT
	working fite, even if retired)	TOB, KIND OF	BOSHIESS OK HIDOSIKI	11. BIKITI &A CE (31016 07 10	reign coomiy,		
	SING AGENT	BUII	DING	WASHINGTON,		USA	1
FATHER'S NA				14. MOTHER'S MAIDEN NA			
SIMON	OPPENHE IMER			CARRIE LEV	I		
	Ever in U. S. Armed Fore		1 6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DORESS
YES	W.W. I ARMY		215-03-7391	MRS. MILDRED OF	PPENHEIMER.	3308 W.	
1B. 4	2 66		CAUSE OF DEAT			Al	PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIE	RECTLY	antin	The sale of	CVdny	BEIN	VEEN ONSET AND DEA
	LEADING TO DEATH		(A) IMMEDIATE CAL	USE SCORE	C anu	an	J'yn!
	of meon the mode of		DIJE TO OR AS	A CONSEQUENCE OF:			
heart failure	asthenia etc. It means	the disease.	DOL 10, OK AS	A CONSEGUENCE OF.			
	osthenio, etc. It meons plication which caused		55E 10, 5K A5	A CONJEGUENCE OF.			
injury or com		deoth.)	(0)	A CONSEQUENCE OF			
injury or com	plication which coused	deoth.)	(B)	A CONSEQUENCE OF:			
DISEASES Crise to the	ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A)	deoth.) ony, giving	(B)				
DISEASES Crise to the	ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) of CONDITION lost,	deoth.) ony, giving	(B)				
DISEASES Crise to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) O CONDITION lost,	deoth.) ony, giving stoting the	(B)				
DISEASES OF TIME TO THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if to obove couse (A) CONDITION lost, ILLIANT CONDITIONS COLOR H BUT NOT RELATED TO TO	deoth.) ony, giving stoting the NTRIBUTING HE TERMINAL	(B)				
DISEASES OF COMPANY OF	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or condition lost, II ICANT CONDITIONS COUNTY OF THE CONDITION GIVEN IN PAR OPERATION 198. CON	ony, giving stoting the NTRIBUTING HE TERMINAL IT (A).	(B)		No) 208. IF YES, WER	E FINDINGS CO	NSIDERED
DISEASES OF COMPANY OF	ANTECEDENT CAUSES OR CONDITIONS, if a cobove couse (A) condition lost, II ICANT CONDITIONS CO H BUT NOT RELATED TO TION ON TO PAR	ony, giving stoting the NTRIBUTING HE TERMINAL IT (A).	(B)	A CONSEQUENCE OF:	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CO AUSES OF DEA	NSIDERED TH?
DISEASES Crise to the UNDERLYING OTHER SIGNIFICATION TO THE DEAT OF 19A. DATE OF 21A. ACCIDE	ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) of CONDITION lost, I CANT CONDITIONS COUNTY OF THE CONDITION GIVEN IN PAR OPERATION [198. CON WAS PERION TO WAS UNDERLYING]	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR Y	(B)	20 A. AUTOPSY? (Yes or lin or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CO AUSES OF DEA	TH?
DISEASES CONTRIBLE TO THE DEAT OF THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if to obove couse (A) CONDITION lost, ICANT CONDITIONS COUST (A) CONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR Y	(B)	20A. AUTOPSY? (Yes or I	IN CERTIFYING C	AUSES OF DEA	TH?
DISEASES CONTRIBUTION OF THE DEAT OF CONTRIBUTION OF CONTRIBUT	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) to condition lost, II ICANT CONDITIONS COME (A) TO THE CONDITION GIVEN IN PARTICIPATION (A) TO THE CONDITION (A) TO THE CONDITION (B) TO TH	ony, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR YEAR OF THE PROPERTY OF T	(B)	20 A. AUTOPSY? (Yes or lin or obout 21 C. WHERE DID	(If in Boltim	AUSES OF DEA	TH?
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3. F	PLACE IN BALT	TIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RE	SIDENCE (Who	1 21, 1971 ere deceosed lived. If	institution: residen	ce before odmis
FU!	LL NAME OF			UTION, GIVE STREET	MARY:			SIDE CITY LIMITS?	3/
INS	SINAI	HOSPITAL				IMORE	D. 114.	YES	NO 🗌
0					4129	CRESTHE	EIGHTS ROAD		
5. S	EX	6. RACE		XX NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months! Doys	If Under 24 Hours Mi
	MALE	WHITE	WIDOWED				66		
		working life, even if retired)	PRIN	F BUSINESS OR INDUSTRY TING		ORE, MAR		12. CITIZEN O	F WHAT COU
13.	FATHER'S NAME HARRY	GLAZER			14. MOTHER'S	S MAIDEN NA	ME ?		
		Ever in U. S. Armed For (If yes, give wor or dole		1 6. SOCIAL SECURITY NO.	17. INFORMAL	NT	5-	ADD	RESS
	NO			213-05-8864	MRS. ED	ITH GLAZ	ZER. 4129 CF	RESTHEIGH	rs RD.#1
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MEDICAL CERTIFICATI	(This does not heart foilure, injury ar community ar community ar community ar community are to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CO. 199A. DATE OF CONTRIBUTED OR CONTRIBUTED THE CONTRIBUTED OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and hour and community are to the contributed of the cont	al meon the mode of osthenia, etc. It means uplicotian which coused antecedent caused antecedent caused antecedent cause (A) a above couse (A)	ony, giving slaling the only slaling the terminal slaling the only slaling	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or large of the deceased fram 32177	20A. AUTO 20A. AUTO 20A. AUTO 21F. 19 21F. 22F. 23D. ADDRESS 2425	CE OF: NCE OF: OPSY? (Yes or N WHERE DID JRY OCCUR? HOW DID IN ond to refer deeth. Med. Director	JURY OCCUR? 19to= hat in(my) (our) ap Stoff Charter PLACE	FINDINGS CON AUSES OF DEATH	t locotion) 19 curred on the

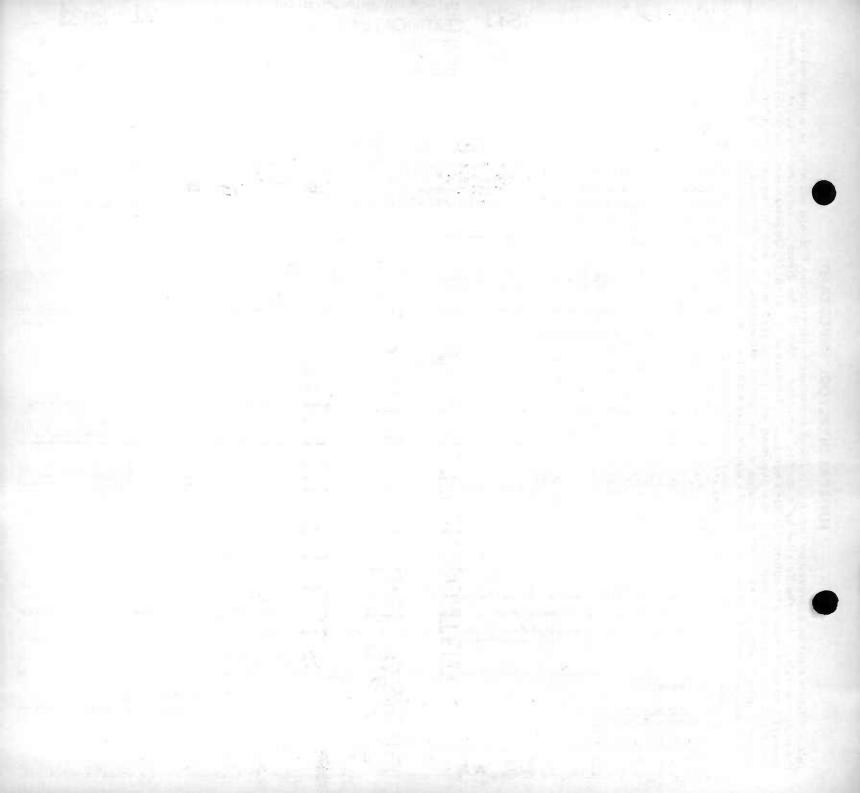


VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

The state have been the sea material dead the sea of th

(11) - 74 0	BALTIMORE CITY	HEALTH DEPARTMENT		m/4 0000
W-562	CERTIFICA	TE OF DEATH	REG. NO	17 5353
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type of Print) WAINWRIGHT,	George H,	Ma	1 ch 23 1	971 1 17:15 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE		14. USUAL RESIDENCE (Where	deceased lived If in	nstitution: residence before admission)
		A. STATE & COUNTY	-22	910
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	Maryland	1	107
NSTITUTION		Baltimore	D. INS	SIDE CITY LIMITS?
33		E. STREET AND NUMBER		YES KK NO
The Johns Hopkins H	ospital		TON Ctro	0.4
SEX 6. BACE 17. AL		1428 E. Oli		
M-1-	ARRIED NEVER MARRIED NOWED KK DIVORCED	6/26/95	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, 8	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State of foreign	country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if refred)	:3101=	Ma. Ila	hed	14 SA
Delike - Irach Pi	iver	197719	1 y a	7.0.7
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
George Wainwright		Harriet Ber	ry	
S. Was Deceased Ever in U. S. Anned Forces? (es,no or unknown) [Uf yes, give war or dates of s	16. SOCIAL	17. INFORMANT		ADDRESS
No	ervice) SECURITY NO.	George Wai	NWrigh	T-607 Hillview
18. // /	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	Y	1 1	0	SETWEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAL	me Muo cardial	intArc/	im Minut.
(This does not mean the mode of dylns	DUE TO OR AS	A CONSEQUENCE OF:		
heart failure, aethenia, etc. It means the d	isease,			
ANTECEDENT CAUSES	1	DE CUID		20 1109YS
	(B)	NOUVU		20 years
DISEASES OR CONDITIONS, if any, rise to the above cause (A) static		A CONSEQUENCE OF:		/
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A. 1974. DATE OF OPERATION 1794. CONDITION WAS PERFORMED TO THE PROPERTY OF THE PROPERT	MINAL			
19A. DATE OF OPERATION 19& CONDITION	N FOR WHICH OPERATION	20A AUTOPSY? (Yes or No)	208 IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMI	D	Yes	IN CERTIFYING CA	AUSES OF DEATH? NO
21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.	n of about 21C. WHERE DID	(II in Boltimo	re City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH Inetity medical examined	home, form, factory, street, o	mee bidge injust occur		
21D-TIME (Month) (Doy) (Year) [Ho	216 INJURY OCCURRED	21F. HOW DID INJU	N OCCUP?	
E OF INJURY			KI OCCOR	
(APPROX)	While At Not Whi Work At Work			, , , , , , , , , , , , , , , , , , , ,
22. I certify that (1) (this hospital) atte	anded the deceased from	March 20 19	7/10 N	1a, ch 23 1971
that (1) (we) last sow the deceased all	1 1 1			Inlon death accurred on the do
			infmy) (ont) ob	inion deoth decurred on the do
and hour and from the causes stated al	pove. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				238, DATE SIGNED
Mongas J. An	4 M. 1 11111 1 0h.	ending Med. Si	hys. El	3/23/71
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	.,,	10/20/11
NAME (Type)	Cricar M D	The Tehne U	onking U	[canital
Thomas R.	Griggs, M.D.	The Johns H	_	
REMOVAL (Specify)	24C, NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION	City, town, or county) (Stote)
Bux 91 3-2611	Mr. Caliracis	emeter a	. a. l'm	enty, 1/a -
25A, DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	: 11	ADDRESS
TEAD some O .		Colitt of	7/11	9MCanalina fi
WAR 24 1911 Valle & E 36	10. 18.6	July 1	17-1100	IN Carolline of
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hospital

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED Type or Printle DN A 2. DATE AND HOUR OF DEATH 3 USUAL RESIDENCE (Where deceased tived, Il institution: residence belate adjutission) 3. PLACE IN BALTIMORE MARYLAND. B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? BALT IMORE YES A. JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 2603 SPELMAN ROAD final disposition is mad 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE Un years MARRIED NEVER MARRIED If Under 1 Yr. Months: Days lost birthdoy 6/27/20 FEMALE WIDOWEDIX NEGRO DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) one 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) Uf yes, give war or dotes of service) SOCIAL 17. INFORMAN SECURITY NO. 10 DISEASE OR CONDITION DIRECTLY •mbaimed LEADING TO DEATH Muastheria (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obdut 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At [(APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased office on ond that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (Wey (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Attending [approval DEGREE . PHYSICIAN'S 23D. ADDRESS NAME (Typel DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 258 NAME OF 25C. FUNERAL DIRECTOR My RTON VS 150-REV. 1/1/68

NO

Hours

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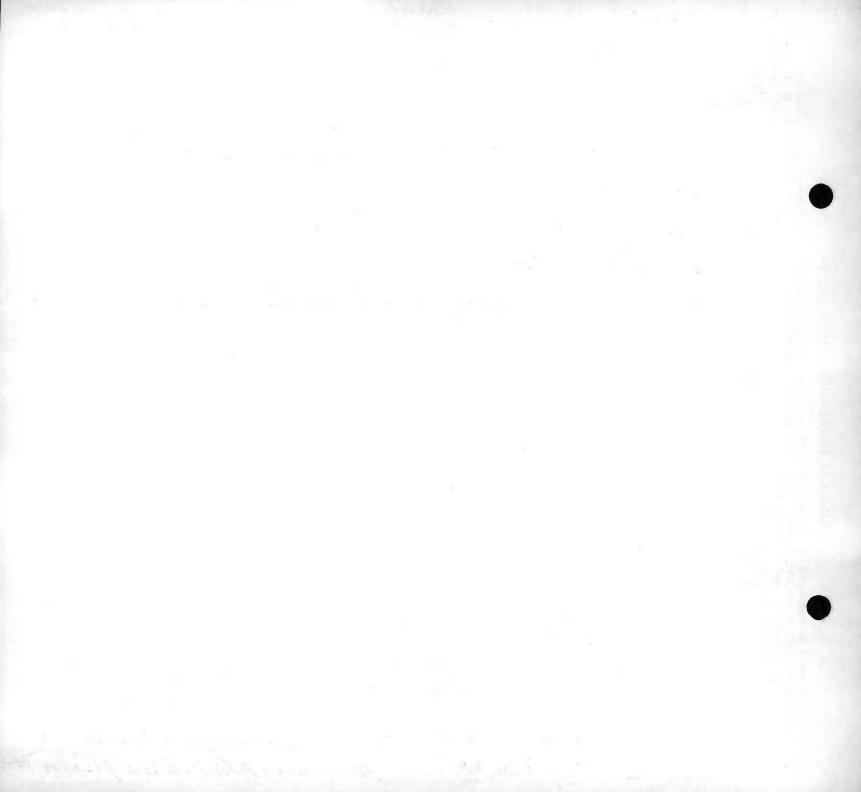
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

Il Under 24 Hrs.

, \$80L

M-254 71 298	. per	TE OF DEATH	REG. NO	71 2925
NAME OF DECEASED			D HOUR OF DEATH	
11/6/11/12/14	N, BENNIE	3/24		6.10 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il inst	itution: residence before admission!
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN		2798 E CITY LIMITS?
7		BALTIMOR	6	YES NO
SINAI HOSPITAL OF BA	ITIMORE INC.	E. STREET AND NUMBER 3601 OAIS	MONTAV	
5. SEX 6. RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 8/	If Under 1 Yr If Under 24 His.
WIDON		1890	last birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	D MI LA	Kiscoung	5, 2	43D
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE	
HAMPTON Mª MI	Van	MARY		
15. Was Deceased Ever in U.S. Armod Forces? (Yas, no or unknown) (If yas, give wer or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
24	17-28-9038	10A268 600	250 3601	CAKMONT AND
18. 23 01	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH 1This does not mean the mode of dying,	(A) IMMEDIATE CAL	se Diabetic 1	ketoacidos	is 3 days.
heart failure, asthenio, etc. It means the dise	dse, DUE TO, OR AS	A CONSEQUENCE OF:		7
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)	Diabetes,	Mellitus	7 483
DISEASES OR CONDITIONS, if any, gives to the above cause (A) stoling UNDERLYING CONDITION last.	the	A CONSEQUENCE OF:		
	(c)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN A DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	*****************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A- AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED
	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(II In Boltimore	City, give exect location)
OF INJURY (Month) (Doy) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	· · · · · · · · · · · · · · · · · · ·
(APPROX)	While At Work Not While	• 🗆		
22. I certify that (4) (this hospital) attended		3 3 4	0.7/	7 - 24 - 4 21
that (U) (we) last saw the deceased alive		21	9 <u>7/</u>	3 - 24 19 71
			Tin (my) (our) opini	an death occurred on the date
and hour and from the causes stated above	o. (A (ue) (qiq uet) A	lew the body after death.		3B, DATE SIGNED
Shasad	Atte	nding Med. !	The state of the s	1 1
	DEGREE Phys	Director L	Staff Phys.	3/24/71
23C.PHYSICIAN'S NAME (Type) P.PRASAD		Sinci Hospital, E	saltimore, m	d 21215.
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C.NAME OF CEMETERY OF CRE	4		town, or county) [Stote)
formand 3/26/21	USSLOYCHA	por Do	LLENSTON	Co. S.L
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	11	ADDRESS
MAR 94 1971 Poles & Jack	an MD. U	Manshare.	D. Hayro 6	Cu.S.L ADDRESS
VS 150-REV. 1/1/68				



VS 150-REV. 1/1/68

after the conte an mas regently quarin **DIRECTOR:**

FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) D. INSIDE CITY LIMITS' YES 7534 Old Battle Grove Road If Under 1 Yr. Months! Doys 12. CITIZEN OF WHAT COUNTRY? Mr. Duane A. Mohney 7534 Old Battle Grove Rd. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Boltimare City, give exact location) and that in (my) (aur) opinion death accurred an the date 23 B. DATE SIGNED deceased written ap (City, lown, or county) shows: Baltimore, Maryland Was John J. Duda 7922 Wise Ave. Dundalk, Md.

BALTIMORE CITY HEALTH DEPARTMENT

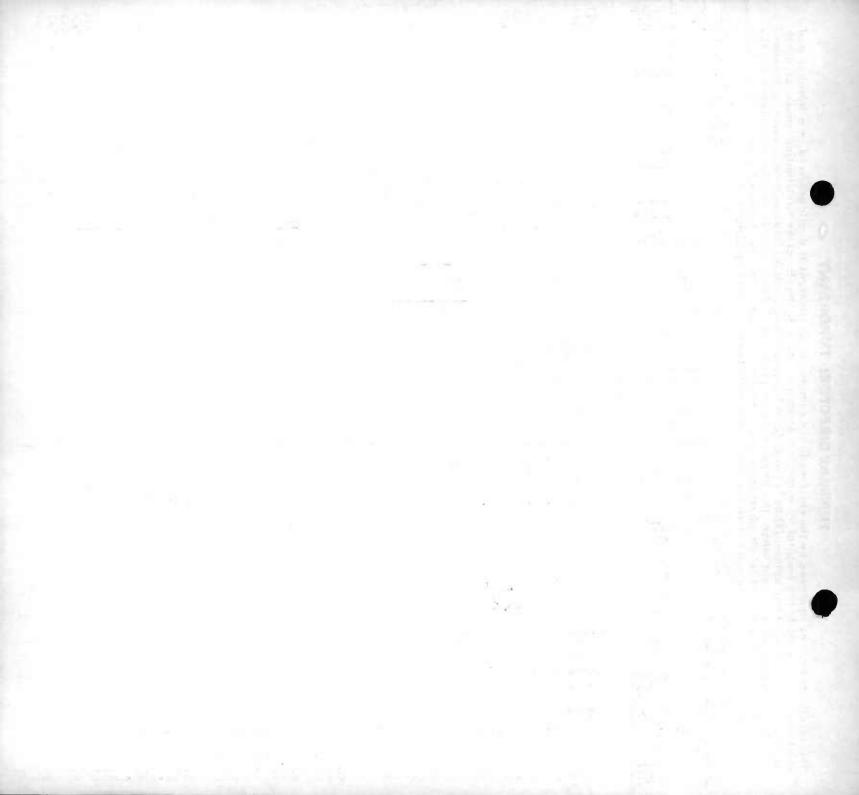
NO X

If Under 24 Hrs.

ADDRES Dundalk, Md

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH The second secon

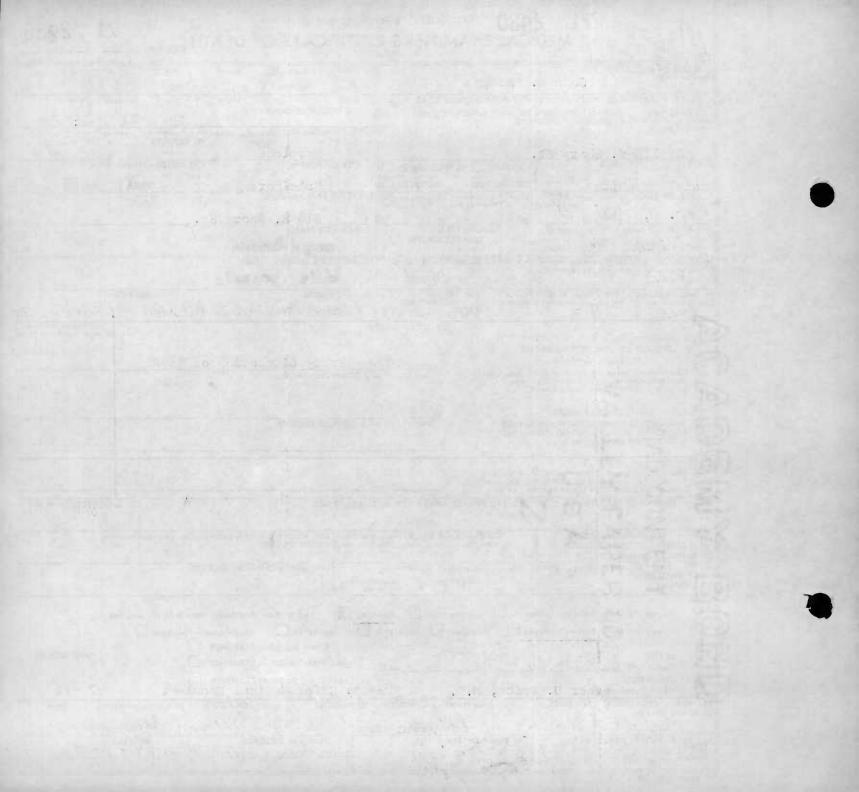
	1 ==	200	BALTIMORE CITY	HEALTH DEPARTMENT		
BII	RTH NO.	2928	CERTIFICA	TE OF DEATH	REG. NO	71 2928
(Ту	7 9	eu,	Frauk u) mai	/	9)11 11,30 PM
3.	PLACE IN BALTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN	e deceased fived. If in	stitution: residence before admission)
FL HI IN	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Mary lavel	Balfin D. INSI	more 1778 DE CITY LIMITS?
7	UNION HENC	DRIAL	HOSPITAL	E. STREET AND NUMBER 5 8 20	Hal wyn	VES NO DEVELOPED NO DE 12/13
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years)	. (436 - 0 - 10 117 - 1 - 1
	MW	WIDOWED	DIVORCED	4/16/90	ost birthdoy) 8	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
dor	USUAL OCCUPATION (Give kind of work to during most of working lile, even if retired)		liceman	-and	•	12. CHIZEN OF WHAT COUNTRY?
	RETIRED	Baltimo	re City Emplo	reet IN ILE 2	AND	USA Ja-Haran
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
	UN Know		213-36-8105	U.	Ult hornen	. •
15. (Ye	Was Deceased Ever in U. S. Armed Fore s, no ar unknown! (If yes, give war or date:	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1	, a Know		trathous.	CHAR	7	
	18. DISEASE OR CONDITION DIR	ECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Possible sopr	ina Tim price	monia 24 hours
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or camplication which caused	the disease.	DUE TO, OR AS	CONSEQUENCE OF:		recension of the second and a second from the contract of the second of
	ANTECEDENT CAUSES		M ASCV	D, CVA A CONSEQUENCE OF:		1 year
	DISEASES OR CONDITIONS, If a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	**********************	
	rise to the above cause (A) UNDERLYING CONDITION last	stating the	(c)			
	11		\0,			2000000000
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL	*******************************		***********************	
CERTIFIC	19A DATE OF OPERATION 19E CONI WAS PERF	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	208 IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. hom etc.)	PLACE OF INJURY (e.g., ir e, farm, foctory, street, af	ar obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltimere	e Clly, give exoct locotian)
MEDI	21D.TIME (Month) (Day) (Year) OF INJURY		INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	Whi	le At Not While			
	22. I certify that (1) (this hospital)	attended th		auch 19	9) 1 to M	auch 20 19 11
١,	that (I) (we) lost sow the decease		Korde 20	19 <u>7 </u> ond the	t in (my) (our) opin	nion death occurred on the date
	and hour and fram the causes state	ed obove. (I	(We) (did) (did not) vi			
	3A. SIGNATURE					23B, DATE SIGNED
	Entre Hen	Torica	DEGREE Phys	ding Med.	Staff Phys.	Mach 20 1971
	23C.PHYSICIAN'S NAME (Typel	TORIN	2	3D. ADDRESS	lemnial	Hopetal
24/	BURIAL CREMATION, 248, DATE		ME of CEMETERY OF CRE	MATORY 124D. LO	CATION (Cit	y, town, or county) (State)
	Burial CREMATION, 248 DATE REMOVAL (Specify) Burial 3/24/71		eland Memorial		ltimore, Mary	
25/	DATE REC'D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR Eugenia K. Se	itz 5209 Yo	rk Road
W.	150-REV. 1/1/68			Seitz Funeral	Home Palto	Nd 212 12
7 10	100 110 10 17 17 40					



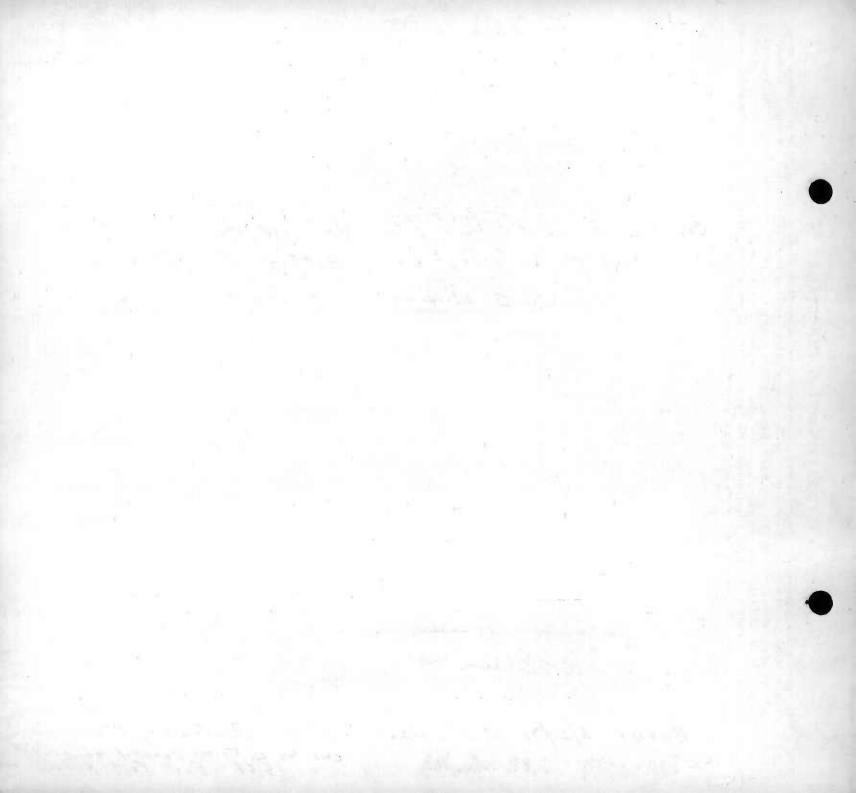
was a serie to the series of the

VS 151-REV, 1/1/68

Starsbury Funeral Home 6411 Windson Mill



1 11-			BALTIMORE CITY	HEALTH DEP	ARTMENT		174	0004
BRIH NO.	71	2931	CERTIFICA	TE OF D		REG. NO	/1	4931
Type or Print)	cholas Lafor	tezza				10 HOUR OF DEATH	Н	4:45 P.M. ,
FULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAT			4. USUAL RES	B. COUN		Institution: res	401
NSTITUTION	altimore Gene			C. CITY OR TO	wn ltimore	D. IN	SIDE CITY LIA	NO 🗆
4 33001 S	. Hanover Str	eet	LVal	E. STREET AN	D NUMBER	01		
Baltim SEX 6		MARRIED X	NEVER MARRIED	Jan. 14	RTH	9. AGE (In years	If Under Months	1 Yr. If Under 24 Hrs Days Hours Min.
OA. USUAL OCCUP	ATION (Give kind of work)		INESS OR INDUSTRY		, -,			EN OF WHAT COUNTRY
Chauffell 3. FATHER'S NAM	er Foreman	E BUTTING	y City	14. MOTHER'S	MAIDEN NAM	1918 ME		J. S.A.
	Ralph L	a ForTz	22+	Hat		Everh		
S. Wos Deceosed E Yes, no or unknown) (ver in U./S. Armed Force If yes, give wor or dotes	of service)	SOCIAL SECURITY NO. 6-14-4005	17. INFORMAN		cezza(wife)		ADDRESS
18.	OR CONDITION DIRE		CAUSE OF DEATH		a -a101 (Jeaza(Wilc)		APPROXIMATE INTERVAL
hearl failure, a injury or comp Al DISEASES OR rise to the	I mean the mode of a silhenio, elc. It means I lication which caused a NTECEDENT CAUSES CONDITIONS, if a above cause (A) a CONDITION last,	ne diseose, leath.) ny, giving	(B)					
TO THE DEATH	II ANT CONDITIONS CON BUT NOT RELATED TO THI NDITION GIVEN IN PART	TERMINAL			×			
	DPERATION 19B. COND WAS PERFO	TION FOR WHIC	CH OPERATION	20A. AUTOR	PSY? (Yes or No	20 B. IF YES, WERI	FINDINGS AUSES OF D	CONSIDERED EATH?
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	home, fo	CE OF INJURY (e.g., in orm, foctory, street, of	or obout 21 C. Vince bldg., INJUI	WHERE DID	(If In Boltim	ore City, give	exact locotion)
21 D. TIME OF INJURY (APPROX.)	Month) (Doy) (Yeor)	(Hour) 21 E. INJ While A Work	t Not While		TOW DID IND	URY OCCUR?		
	hat (I) (this hospital) ost sow the deceosed			n. 25		19 <u>60</u> to 10 of In(my) (our) o	-15-70 pinion deat	19
	from the couses state			iew the body	ofter death.		23B. DATE	SIGNED
	Coo	lui	DEGKEE		Med. Director	Staff Phys.		-18-71
23 C. PHYSICIAN NAME (Typ		iu, M. D		23D. ADDRESS	. Randal	l Street,	altimor	eMd.21230
BUTIS	3/20/2	1 37.5	of CEMETERY OF CRE	Charlest and a Charlest		32/Tine	City, town, as	
MAR 2	4 1971 Result	5B, NAME-OF R	EGISTRAR 1	25C FUNEI	AL DIRECTOR	Sterms Fa	For?	AVINKE AVINKE



IMPORTANT

DIRECTOR:

FUNERAL

8:45A

NO X

. If Under 24 Hrs.

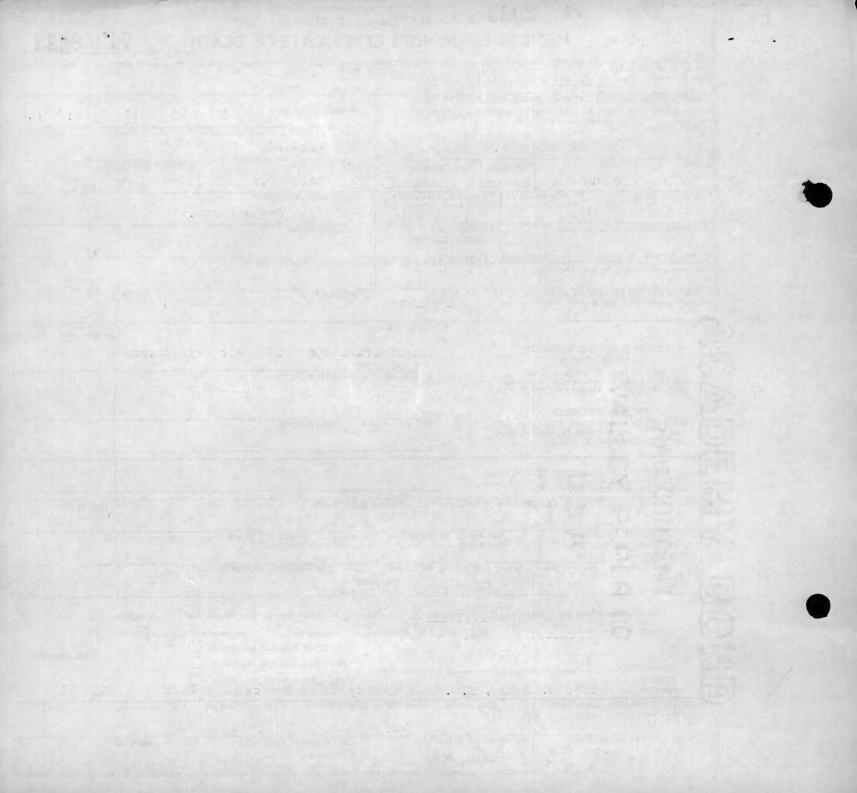
APPROXIMATE INTERVAL

/ year.

and the second alignatu Harrie

2933 BALTIMORE CITY HEALTH DEPARTMENT

B-634 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 2933
I. NAME OF DECEASED (Type or Print) Richard Bordley	2. DATE Known 12t Month Doy Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD 3 22 71 6:36 p.
00 3204 Sequoia Ave.	A. STATE Maryland B. COUNTY /5 //
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DAJE OF BIRTH 7 10. AGE (In yeors 7 Months; Doys Hours Min.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no Stunknown) (If yes, give war or doles of service) SECURITY NO. 77	18. INFORMANT rgaret Morton, ADDRESS
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)IMMEDIATE C	sclerotic cardiovascular disease -AUSE AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office uting CAUSE OF DEATH.	in or obout 22C, WHERE DID (if in Boltimore City, give exact location) a bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED. OF INJURY (APPROX.) MHILE AT NOT WORK AT W	WHILE ORK
	tapsy and that an this basis, death in my opinion
ACTUAL SIGNATURE ACTUAL M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER Duty Chief Medical Examiner 3/23/71
24A. BURIAL CREMATION, REMOVAL (Specify) 3/29/71 Gettysbur	. 1570.
25A. DATE REC'D BY-HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/68	Halstead 1206 W orth Ave

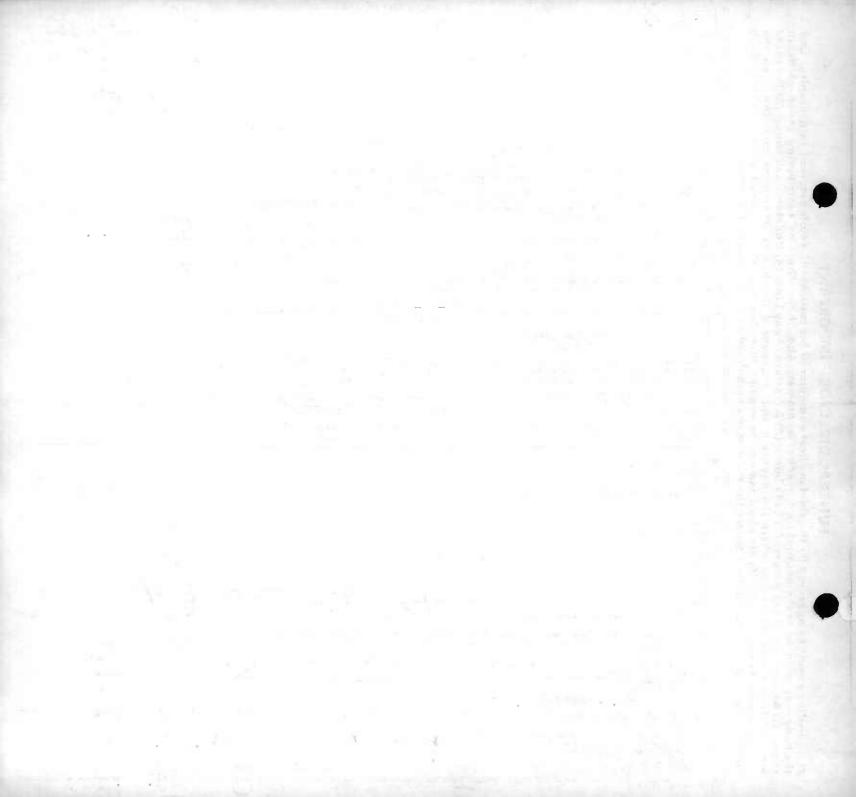


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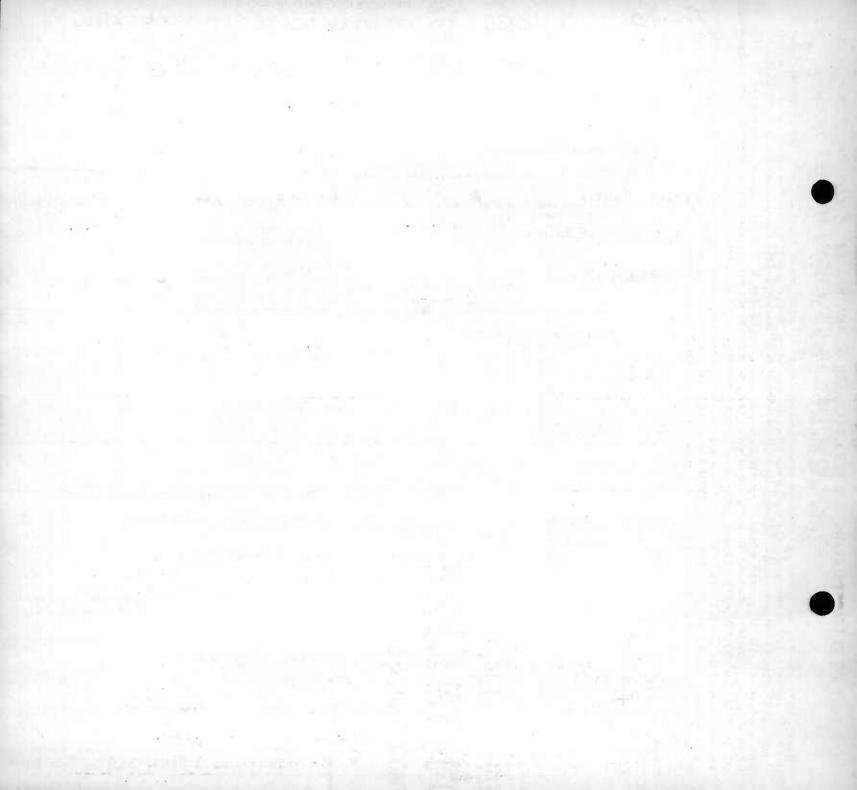
130 8 Duisia St

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2 160	BALTIMORE CITY	HEALTH DEPARTMENT		
D-620 71 293	35 CERTIFICA	TE OF DEATH	REG. NO.	71 2935
1. NAME OF DECEASED	4	2. DATE AND HOU	R OF DEATH	1.
Type or Print BURKE HILDA	f G.	3 - 22 - 7	15	1 10 AM. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	A. STATE & COUNTY	1860 HACO II INSHIBIION	
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN STITUTION	NSTITUTION, GIVE STREET	BALTIMORE C. CITY OR TOWN		
2 72		6922 BANKS	7 · YES	М ПоП
31 MERCY HOSPI	TAL	E, STREET AND NUMBER		
	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Un	nder I Yr. If Under 24 Hrs.
	WED DIVORCED	3/18/12	59	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY			TIZEN OF WHAT COUNTRY?
Housewife		BALTO MAR	YCAND	U.S.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
THOMAS J. COOM,	BS	Jennie Kalte	hauser	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown] (If yes, give war or dates of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	212-05-12/12	John Burke, sam	o or observe	
18. / 9 4/ 8	CAUSE OF DEATH	9-11-11		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Respiratory C	inest	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	e.g. Que TO, OR AS	SE A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis Injury or complication which caused death.)	ease, M. O-	CONSEQUENCE OF:	tec	
ANTECEDENT CAUSES	1000	A CONSEQUENCE OF	Bines	
	(B) CO OR AS	A CONSEQUENCE OF	701-0	
DISEASES OR CONDITIONS, if any, g rise to the above cause (A) staling UNDERLYING CONDITION last.	the (c) Olo	L Breast Ca	cenona	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSYR (Yes or No.) 208. IN C	IF YES, WERE FINDINGERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	215 PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg, INJURY OCCUR?	(if in Boltimore City,	give exact lecation)
21D-TIME IMonth) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY O	CCURT	
E OF INJURY	While At Work At Work			
			3/3	2 2/
22. I certify that (I) (this hospital) atten-	2/22	7/10 19 7/		19_//
that (I) (we) last saw the deceased allve	/		my) (aur) apinion d	eath accurred on the date
and hour and from the couses stated abo	ve. (1) (We) (did) (did not) v	iew the bady ofter death.		
23A. SIGNATURE				ATE SIGNED
Georgena K- My	ares DEGREE Phy	nding Med. Staff Phys.	3 7	8/22/7/
23C.PHYSICIAN'S NAME ITypel		23D. ADDRESS		1 1
Dr. Georgina R.	Mijares			
	AC. NAME OF CEMETERY OF CR	MATORY 24D. LOCATIO	ON (City, town	n _e or county) (State)
burial 3/25/71	Holy Rodomes (lomo town	7.4.2	
2/-//	Holy Redeemer (25C. FUNERAL DIRECTOR	alto., Md.	ADDRESS
MAR 25 1971 (24 6 8 3	10-120 ·	Schimunek Funera	al Home, 333	Bl Brehms Lane
VS 150-REV. 1/1/68		12931	Balto.	Ha. 21213



1 6	75705	E-152 71 2936 CERTIFICATE OF DEATH REG. NO. 71 2936
300	and Jeath Jease Such	T. NAME OF DECEASED (Type or Print) ELIZABETH EVANS 2. DATE AND HOUR OF DEATH 2-20-71 1/0:02 AWM.
1/8	of d of d Dece e on ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDEMEE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
8 6	hos iuse ;; (5) dand	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
3/2	ing co cause atten atten	33 THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 BALTIMORE, MD 21205 BALTIMORE, MD 21205 BALTO E. STREET AND NUMBER 504 N. Chester St.
3 m	ribut ribut ninec ular ed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
2	control reg	FEMALE WHITE WIDOWED DIVORCED 7-75-74-76 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S	or c Indet Is in dec	Supervisor of laundry Hopkins Hosp. Kentucky U.S. 14. MOTHER'S MAIDEN NAME
FR.	if creet (4) (we the	JOSEPH GERWE LOUISE
N WED	the dikind; kind; death	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 20-30-1517 16. SOCIAL SECURITY NO. 220-30-1517
S BEEN RELEASED AS NON BLUM OF THE MEDICAL EXERAL DIRECTOR: IMPOR	ef medical examiner or his a medical examiner. Also, if ly burns; (3) A fracture of any physician who pronounced cian was in regular attendo ne remains are embalmed or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE OF DEATH (A) IMMEDIATE CAUSE OF DEATH (A) IMMEDIATE CAUSE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A). 11 OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 12 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED.
KORNB KORNB	by a (2) Boc re the the physi fore the	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 31A. PLACE OF INJURY (e.g., in or obout 27C WHERE DID 21A. ACCIDENT WAS UNDERLYING 3
H EVANS	hospital hospital nature; (tept whe d (6) No ained be	DEATH (notify medical examiner) 2 ID. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) OR CONTRIBUTION (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work Not While At Work
IZABET	e appro of any al (exe th); an	22. 1 certify that (1) (this hospital) attended the deceased fram Fell 1971 to MARCH 1971, that (1) (we) lost sow the deceased alive an MARCH 9 1971 and that in (my) (our) opinion death occurred on the date and from the causes stated above, (1) (We) (did) (did nat) view the body ofter death.
OF EL	must be eleased ccident a hospit to deat	23A. SIGNATURE 23A. SIGNATURE Attending Med. Staff 3-20.7
YGO	ificate y was r 1) An a b.A. at d d prior	23C. PHYSIEFAN'S NAME (Type) BRUCE A. REITZ M. D. DEGREE 24D. LOCATION (City, town, or county) (Stote)
THE B	This certi the body shows: (1 was D.O. deceased	REMOVAL (Specify) burial 3/24/71 Meadow Ridge Cemetery Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	the sho	MAR 25 1971 Refer & Jacks & Jacks & Schimunel Funeral Home, 3331 Brehms Lane Schimunel Funeral Home, 3331 Brehms Lane Balto., Md. 21213



IMPORTANT

FUNERAL DIRECTOR:

7-63 BIRTH NO.	71	2937		HEALTH DEPARTA		71 2937
I.NAME OF DE	CEASED				DATE AND HOUR OF DEATH	
(Type or Print)	WILLI	AM OLI	VER FORD		March 20, 197	
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, II is	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION. GIVE STREET		21213	SIDE CITY LIMITS?
00	3444 Belai	r Road		Balti E. STREET AND NO		AE2 🔀 NO 🗌
5. S EX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi., If Under 24 His.
male	white	WIDOWED	DIVORCED	1/15/01	10st birthdoyl	Months Doys Hours Min.
done during most at	UPATION (Give kind of work warking life, even if retired)	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Drafts	man	Detrick	k Bros.	Baltimor	e, Md.	
13. FATHER'S NA	ME			14. MOTHER'S MAI		
	Oliver For	d		unkno	own	
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed For	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	21218	ADDRESS Hill A
no		216	-05-2250	Karl Har	tig, nephew, 91	12 Chestnut xxx.
(This daes head failure, injury or car DISEASES (rise to the UNDERLYIN)	SE OR CONDITION DIE LEADING TO DEATH not meen the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it is above cause (A) G CONDITION last,	dying, e.g., the disease, deoth.)	(B)	A CONSEQUENCE OF	cout hyperlange	setween onset and death
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION [198. CON	HE TERMINAL	HICH OPERATION	20A. AUTOPSY? (Y	es at No. 208 IE VES WERE	EINDINGS CONSIDERED
19A-DATE OF	WAS PERI		THE CLEANION	2014 2010 131111	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21B, P home, etc.)	LACE OF INJURY (e.g., Ir form, foctory, street, of	or about 21C. WHER	E DID (II in Boltimo	re City, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E. I	NJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX)		While		2		
22. I certify	that (1) (this hospital			-6 A /	10/0 1- M	01 20 10 11
that (1) (y/6)	last saw the decease	d allve on	3/2/	19.7/		Inlan death accurred an the date
	d fram the causes stat	ed abave. (I)	(We) (dld) (did nat) vi	lew the bady after	death.	
BA. TIGNATU	edu M	uta		nding Med.	Stoff Phys.	23 R. DATE SIGNED
23C. PHYSICIA	Dr. Dona	ld Mah	tzer	23 D. ADDRESS	9 Evergreen A	Ave.
4A. BURIAL CRE	MATION, 248, DATE	24C.NAA	AE of CEMETERY OF CRE	MATORY	24D. LOCATION (C	ity, town, or county) (State)
Buri		'l Ba	ltimore Cem	eterv	Baltimore,	
MAR 25		258. NAME OF	REGISTRAR	25C. FUNERAL D		ADDRESS
S 150-REV. 1/1/	68					

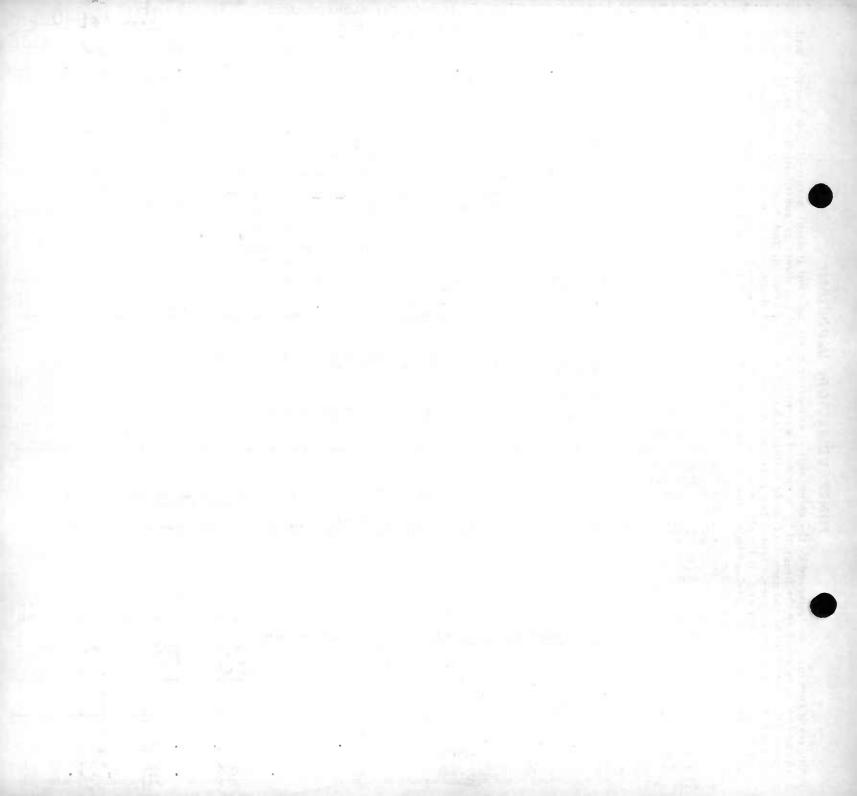
1977 Account to the second second second

11/2	5	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 2938
BIRTH NO.	71 293	8 CERTIFICA	TE OF DEATH	REG. NO	11 5938
1. NAME OF DEC	EASED			ND HOUR OF DEATH	
	Naarism	as LJUBO		23/7/	112 15 P.M.
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (AVI)	ere deceased lived. If in	stitution; residence before admission)
FULL NAME OF HOSPITAL OR	IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET		Salt	2609
INSTITUTION	Baltimore City	Hospitals	Balt	D. INS	IDE CITY LIMITS?
131	4940 Eastern A		E. STREET AND NUMBER		YES MO
	Baltimore, Mar		908 S Bayl:	Ls Street	21224
5. SEX Femal	GRACE Cauc. 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
1	WIDO	WED DIVORCED	8/9/09	lost birthdoy)	
done during most of v	IPATION (Give kind of work 108, KIN vorking life, even if refired)	ID OF BUSINESS OR INDUSTRE	11. SIRPHPLACE (State of for	eign country)	12. CITIZEN OF WHAT COUNTRY
House	^		Estonia		Estofia 20
13. FATHER'S NAA			14. MOYHER'S MAIDEN NA	ME	
Alex	andra Meier		Unknown		
15. Was Deceased	Ever in U. S. Armed Forces? (If yes, give war or dotes of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	in yes, give war or ocies at ser	214-30-719	BCH RECORDS:		astern Avenue ore. Md. 21224
18.	0.41	CAUSE OF DEAT	Н	Dalling	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ANIMMEDIATE CAL	ISE Subarach	noid Hamas	show 6 hrs
(This does no	of mean the mode of dying.	C.G. DUE TO OP AS	A CONSEQUENCE OF:	TOTAL PERMAN	chay cods
injury of Com	asthenia, etc. If means the dis plication which caused death.)	ease,			
	NTECEDENT CAUSES				
		(B) ON CC	sumadin to	becastioned	
DISEASES O	R CONDITIONS, if any, g above cause (A) slating	iving DUE TO, OR AS	A CONSEQUENCE OF:		
	CONDITION last	(C)			
-		(0)			
Z OTHER SIGNIE	CANT CONDITIONS CONTRIBUT	ING			233
TO THE DEATH	BUT NOT RELATED TO THE TERMI	NAL			
▼ DISEASE OR CO	OPERATION 198 CONDITION		120A ALLYGRANA IV A. N.	1 202 45 455 14555	
19A-DATE OF	WAS PERFORMED	FOR WHICH OFERATION	20A. AUYOPSY? IYES OF N.	IN CERTIFYING CA	USES OF DEATHS
U 2) A. A.C.CIDEN	T WAS HADSON VINGE	218 BLACE OF INTURY ()	1-3	<u> </u>	
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	218 PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg. INJURY OCCUR?	(If In Boltimor	e City, give exact location)
9	(Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	215 110 11 210 111		
S OF MOUNT	tivionin tooys treas treas		215. HOW DID IN	URY OCCUR!	
IAPPROX)		While At At Work	° 🗆		
22. I certify	that (4) (this hospital) attend	led the deceased from	3/22/11	197/ to 3	123/24 197/
	last saw the deceased alive		7 7	7	nion death accurred on the date
and hour and	from the causes stated above	ve. (!) (16) (did) (did not) v			
23A. SIGNAYUI		1			23 B. DATE SIGNED
110			nding Med.	Staff V	2/22/21
23C. PHYSICIAN	on Dumn	DEGREE Phy		Staff Phys.	3/23/11
NAME (Ty	Allan Krumholz,	м. (р.		stern Avenue	
24A. BURIAL CREA REMOVAL (S	AATION, 248 DATE 2	IC. NAME of CEMETERY OF CR		ore, Marylar	ly, town, or county) (Stote)
Burial	3/27/71	Moreland Mem	orial Pk	Bult	mol.
25A. DATE REC'D-	A Comment of the Comm	ME OF REGISTRAR	25C. FUNERAL DIRECTO	}	ADDRESS
MAR 25	1971 R. G. B & 3	ille Hill	Leonard J. R	uck Inc. I	Baltimore, Md
	D. C.	100	Accept to had if		

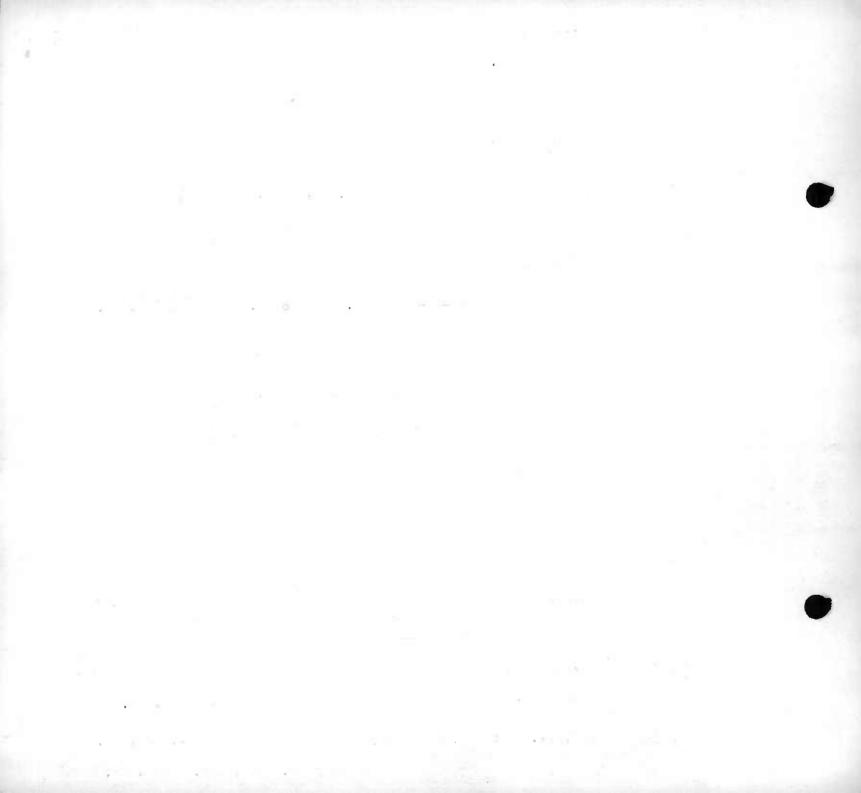
BÍRTH NO. 1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DE	ATH
	Heimbuch	3/21./71	19:45 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission
FULL NAME OF UF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET		17119
HOSPITAL OR ADDRESS OF LOCATION	MASHIO HON, GIVE STREET	Maryland ID.	INSIDE CITY LIMITS?
0.0		Baltimore	YES NO
1703 Winford	Road	E. STREET AND NUMBER	100 🔝
		1703 Winford Road	
	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	if Under 1 Yr. If Under 24 H Months Doys Hours Min.
Female Caucasian WIDO	OWED DIVORCED	A110 1. 1897 7	3
OA. USUAL OCCUPATION (Give kind of work 10B, KII fone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNT
Homemaker		Maryband	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Adam J. Lurz		Josephine Schro	eder
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor ar dates of ser	1 6. SOCIAL	17. INFORMANT	ADDRESS
No	217-12-6410	A Mrs. Lillian Blur	nhera 922 Rambli
18. 12 9 X X I	CAUSE OF DEATH		Drive APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DE
LEADING TO DEATH		Currenting 16 4	7 //
(This does not meen the mode of dying,	(A) IMMEDIATE CAU	SE CONGESTIVE HEART	Tavare
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,	CONSECUENCE OF:	
ANTECEDENT CAUSES	p4	+ 1 1	2
MILLECEDENT CHOSES			/ 1 4
DISEASES OF CONDITIONS IL ONE	(B)	SE CON gestive Heart CONSEQUENCE OF: en matic Heart L	1: Leave
DISEASES OR CONDITIONS, if ony, grise to the abave cause (A) stoling	iving DUE TO, OR AS	A CONSEQUENCE OF:	1: Flace
DISEASES OR CONDITIONS, if ony, grise to the abave cause (A) stoling UNDERLYING CONDITION lost.	(c)	A CONSEQUENCE OF:	1. Fear
rise to the abave cause (A) stoling UNDERLYING CONDITION tost.	(C)	A CONSEQUENCE OF:	lifeer.
rise to the abave cause (A) stoling UNDERLYING CONDITION lost.	(c)	A CONSEQUENCE OF:	l'feer
rise to the abave cause (A) stoling UNDERLYING CONDITION lost.	(c)	A CONSEQUENCE OF:	
rise to the abave cause (A) stoling UNDERLYING CONDITION tost.	(C)	20A-AUTOPSY? (Yes or No) 20B. IF YES, WI	
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ING NAL FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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Inse to the above cause (A) stoling UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 [A]. IPA. DATE OF OPERATION IPS. CONDITION WAS PERFORMED OF CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	ING NAL FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, affect.) 21 E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING or obout 21C, WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION [198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notily medicol exomines) 21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (notily medicol exomines) 21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (notily medicol exomines) 22A. I certify that (1) (this haspital) attended that (1) (we) lost saw the deceosed all ve and hour ond fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN NAME (Type) LOUIS VORE 4A. BURIAL CREMATION, 24B. DATE 24	(C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING OF obout 21C, WHERE DID (If In Bolifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond that In(my) (our) we the body after death. ding Med. Staff Phys. D 3D. ADDRESS 2601 E. Monument Sta	ire findings Considered CAUSES OF DEATH? Imore City, give exact location) 19 optinion death occurred an the da 238, DATE SIGNED 238, DATE (City, lown, or county) (State)
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended that (1) (we) lost saw the deceased all ve and hour ond fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) LOUIS VORE LOUIS VORE	(C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING or obout 21C. WHERE DID (If In Bolt) ce bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	incre City, give exoct location) 19



1 100	-			Y HEALTH DEPARTMENT		71	2040
BIRTH NO.	71	2940	CERTIFICA	TE OF DEATH	REG. NO.	71	2940
1. NAME OF DECE					AND HOUR OF DEAT	TH	
	James P.	Durkan	Sr.		March 23,	1971	2.70 AN
3. PLACE IN BALT	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWI	here deceased lived. If	institution; tesider	nce before admission
FULL NAME OF HOSPITAL OR INSTITUTION	AF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Md	a110.	SIDE CITY LIMITS	300
2 17				Balto	0.11	YES T	ио ₩
3/	MERCY HO	SPITAL		E. STREET AND NUMBER 8307 Dalest	ford Pd		W W
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	III Under 1 Ye	r. , If Under 24 Hrs.
M	_ w	WIDOWED	DIVORCED	10-08-99	last birthdoy)	II Under 1 Y	s Hours Min.
OA. USUAL OCCU	PATION (Give kind of wor orking fife, even if refired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN	OF WHAT COUNTRY
Postal C		Rail	hoad	Baltimo:	re, Md.	US	Α
3. FATHER'S NAM	1E			14. MOTHER'S MAIDEN N.			
	John Dur	kan		Mary C	lancy		
5. Was Deceased	Ever in U. S. Armed Fe Of yes, give war or dok	rces?	1 6. SOCIAL	17. INFORMANT		ADD	ORESS
yes	WW 1	sa or servicer	216-44-947	Mrs. Eliza	abeth Durk	can same	
18-11	CZI		CAUSE OF DEAT		a doi: Dari		PROXIMATE INTERVAL
DISEASE	OR CONDITION DI	DECTI V					EN ONSET AND DEATH
	EADING TO DEATH	W-0161	L CONTRACTOR N	1 at m	T		
(This does no	t mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:			
heart failure, a	isthenia, etc. If means dication which caused	the disease.	DUE IO, OR AS	A CONSEQUENCE OF:			
			0 - 1	./0			
	NTECEDENT CAUSES		(B) HSC	VD			
DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			*************************
	CONDITION last	stating me	whena	el. Calcul.	,		
	11		(G/celfafeebfeebebeese				***************************************
OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING					
TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	***************************************				00 0 4 0 0 4 0 4 0 0 0 0 0 0 0 0 0 0 0
19A DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or h		E FINDINGS CON	SIDERED
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A DATE OF (WAS PER				IN CERTIFYING C	AUSES OF DEATH	H?
OR CONTRIBUT	T WAS UNDERLYING CAUSE OF medical examined	21 B. hom etc.	PLACE OF INJURY (e.g., i e, form, factory, street, of	n ar about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Baltim	ore City, giva axad	cl lacation)
Q 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)			le At Not While				
		Wor				7	
	hat (I) (this hospital			2-27-7/	_19 to	3-23	19_//
that (i) (we) I	ost sow the decease	ed olive an	3-23	19and t	hat fn(my) (aur) o	pinian death oc	curred on the date
and hour and	from the couses sto	ted above. (I) (We) (did) (did not) v	lew the body ofter death.			
23A. SIGNATUR		1	1 72			23 B. DATE SIG	NED
D Ma	PANIK / JAA	6	Phys	nding Med.	Shaff Phys.		
23C. PHYSICIAN			Proketi	23D. ADDRESS	rnys. —		
NAME (Typ	N/	11/21)				
4A. BURIAL CREM	ATION, 248, DATE	HLCF NA	DEGREE	MATORY	LOCATION //	Cit	
REMOVAL (Sp	ecily)					City, town, at caur	nty) (State)
Buria			w Cathedral	Cem. E	Balto. Md.		
MAR 2	5 1971 Page	25B. NAME O	REGISTRAR	Leonard J.	R	A	MD.
/S 150-REV. 1/1/68	3						

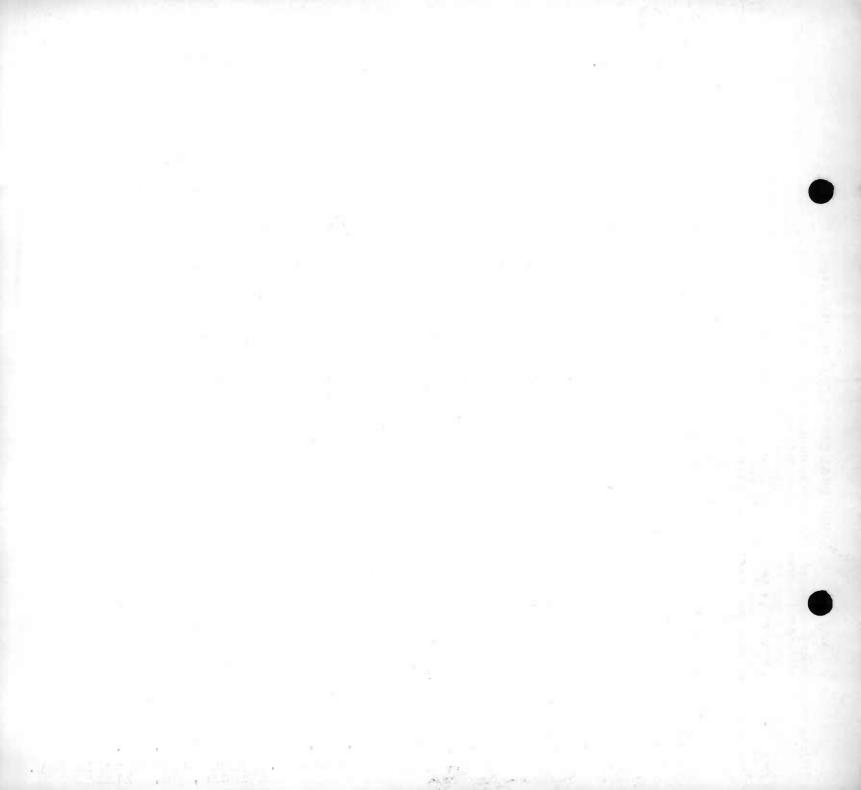


BIRTH NO.	36 71	2941		HEALTH DEPARTM		71 2941
1. NAME OF (Type or Print)	DECEASED HALL	15 E.	BUSTER	2. D	ATE AND HOUR OF DEAT	2/21 1 6 40
3. PLACE IN FULL NAME HOSPITAL OF	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UNCED DEAD	4. USUAL RESIDENCE A. STATE MD.	HARFORD	Institution: residence before admission
9 /	GOULD CONVAL	ESARIUM		JOPPA		YES NO NO
10				E, STREET AND NU	300 BRESL	IN ROAD
5. SEX FEMALE	6. RACE WHITE	7- MARRIED [WIDOWED [DIVORCED	8. DATE OF BIRTH Feb. 24, 19		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Seams		NOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stofe Mary]	•	12. CITIZEN OF WHAT COUNTR
13. FATHER'S	Daniel			14. MOTHER'S MAID		Lerk
15. Wos Dece (Yes, no or unkn No	ised Ever in U.S. Armed Fo own) (If yos, give wer or dat	rces? es of service)	16. SOCIAL SECURITY NO. 213-16-9544	Mr. Clarent	1123 e R. Hager B	ADDRESS 5 C Tace Drive 8alto. Md. 21221
isa lo UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) ING CONDITION lost. II WIFICANT CONDITIONS CO EATH BUT NOT RELATED TO 1	any, giving slaling the	(c) May be	A CONSEQUENCE OF	Atelestisis Tul Schwin	
19A. DATE	OF OPERATION 19B. CON WAS PER	IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Ye		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING [BUTINO] CAUSE OF Bify medical examined	21 B. home etc.)	PLACE OF INJURY (e.g., in b, form, foctory, street, of	or obout 21C. WHERE INJURY OCC	DID (If In Boltimo	ore City, give exoct location)
21 D. TIME OF INJURY (APPROX.)		Whil Werl			ID INJURY OCCUR?	1/20/
that (1) (v	ify that (1) (th is hospit a ve) last sow the decease	d alive on	3/2			3/23/19/
23A. SIØN	lbro B L	red above. (1)		nding Med.	□ Sheff □	23B DATE SIGNED
23C. PHYSI NAM	E (Tuna)	t B. Bra	2	3D. ADDRESS Bel	air Road, Balt	:0. Md.
24A. BURIAL C REMOVA Cremat	L (Specify)		ME of CEMETERY of CRE enmount Grema			City, town, or county! (Stote)
	CD BY HEALTH DEET.	258- NAME O		25C. FUNERAL DIE	ECTOR	Address Alto. Md. 21214
S 150-REV. 1.	/1/68		Take A		1.1	



A-412	2 71 2 MED	294 NCAL	2 BALTIMORE CITY HE EXAMINER'S			DEAT	H REG. NO.	71	2942
BIRTH NO.	EASED			2. DATE	Known 🔼	Month	Day	Yeor	(u
(Type or Print)	Mildred Mar	ν-1 Δ 1	biker (Redifer	OF	Estimated	3	21	71	11:25p
4. PLACE IN BAL	TIMORE, MARYLAND, V			3. DATE	L'SIIIII CIEC L	Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTI	TUTION, GIVE STREET	PRONO	UNCED DEAD	3	21	71	11:25 p. _{M.}
00	5228 Park	Heigh	ts Avenue	A CTATE	ESIDENCE (When 5228 Park		D. COLINITY		2788
6. SEX	7. RACE	B. MARRI	ED PREVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	ITY LIMITS?	
female	White	WIDOW	ED DIVORCED	Balt	0.		Y	ES 🗌	NO 🗆
9. DATE OF BIRTH	lost birthdo		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		228 Park	Height			
	itate or foreign country)		2. CITIZEN OF	13. FATHER		nergne	5 AVEILU	C	
	timore		WHAT COUNTRY?	Ge	orge	B	edifer		
		14B. KIND	OF BUSINESS OR INDUSTRY		The state of the s		COILEI		
Housey	vorking life, even ifretired) Vife			Lucy	(Sch	amburge			
16. WAS DECEASI	ED EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	IB. INFOR	MANT	5228	Park HA	DDRESS	Ave.
No	None		No Number	Mr. Re	obert G. A	Albike:	r, Sr.		21215
19.	24		CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
RISE TO THE UNDERLYIN	OR CONDITIONS, IF AN EABOVE CAUSE (A) STANG CONDITION LAST. II IIIICANT CONDITIONS CATH BUT NOT RELATED TO	TING THE			GOENCE OI.				
DISEASE OR	CONDITION GIVEN IN P	ART 1 (A).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AC DEDECORA	455			D) AUTO	NOCYO (Ver es No.)
O 1	OPERATION 208. CO	NUITION	OR WHICH OPERATION W	AS PERFORM	TED				PSY? (Yes or No)
1									es
UNDERLYING UTING CA	NAL CAUSE WAS ON CONTRIBUSE OF DEATH.		2B. PLACE OF INJURY (e.g., nome, form, foctory, street, offic			(If in Boltimo	re City, give exc	oct locotion)	
OF INJURY (APPROX.)	(Month) (Doy) (Yeo			WHILE C	22F. HOW DID IN	IJURY OCC	UR?		
ACTUAL SIGNATI EXAMINI NAME (T	URE	Inquiry [Inspection Au Accident Suicid	topsy XX de Ho	and that on tomicide CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL DRY 24D.	Undetermi EXAMINER EXAMINER	ned manner (DATE SIGNED /22/71) (State)
Burial	3/25/		Mount Okive C	emetery	7 I	Randall	lstown,	Maryla	and 21133
MAR 2.5	1971 Pasers	25B. V	ME OF REGISTRAR	25C. Lo1	FUNERAL DIRECT 28 Libert cing Byers	y Road	! - Rand	aklsto	own, Md.
VS 151-REV. 1/1/68	3			1	6				

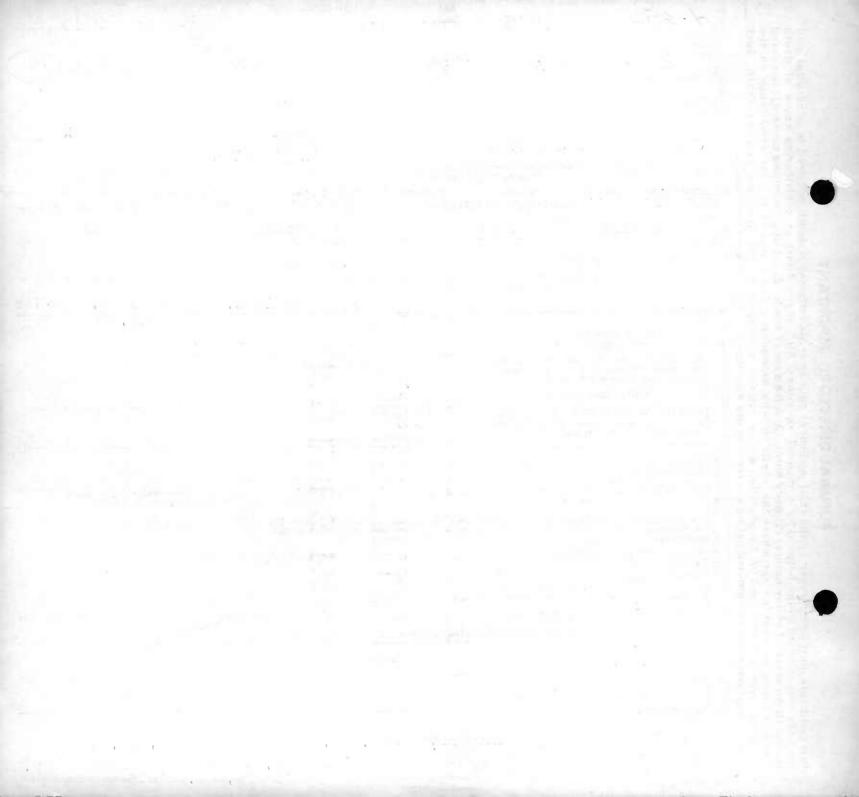
BIRTH NO.					IO DATE	AND 110112 OF 551		
	LLIAM	J. POLL			:3	AND HOUR OF DEATH	1 3:	ID P.
FULL NAME HOSPITAL O	OF (II	MARYLAND, V		TUTION, GIVE STREET	4. USUAL RESIDENCE (W. A. STATE B. COL	D. INS	nstitution: residence belo	re admission
BSINX	\$ 1 kg	O SPITAL	ef d	SALTO IDC.	E. STREET AND NUMBER	URTH ST.	YES NO.	
- SEX	6. RAC	W	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	of Under 1 Yr. If U Manths Days Hour	Inder 24 Hrs. Min.
STET	in F	N(Give kind af war ife, even if retired) ITTEL	1	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lo	reign country)	12. CITIZEN OF WHA	
	LLIAM	POLL	, ,		14. MOTHER'S MAIDEN N.	Grant		
S. Was Dece es, na or unki	ased Ever in nawn) III yes,	U. S. Armed For give wer or date	rces? es af service)	16. SOCIAL SECURITY NO. 215-09-4808	17. INFORMANT		ADDRESS	
		CONDITION DI	W		Kennie tory	ralxilla		
DISEASE	es nal meo ure, asthenic camplication ANTECE S OR COI the obav	IG TO DEATH In the mode of a etc. It means in which caused DENT CAUSES NOTIONS, if a cause (A) DITION lost.	the disease, death.)	(A) IMMEDIATE CAU DUE TO, OR AS A CEL LEU (B) DUE TO, OR AS	SE A CONSEQUENCE OF: A CONSEQUENCE OF:	I des prece	\$ S	
DISEASE injury or DISEASE ise la UN DERLY OTHER SIG	es nal meo ure, asiheni camplication ANTECE S OR COI Ihe obav YING CONI GNIFICANT C EATH BUT N R CONDITIO	In the mode of a, etc. It means in which caused DENT CAUSES NOITIONS, if e cause (A) DITION lost. Il ONDITIONS COLOUR ON THE COLOUR IN PART OF THE COLOUR IN PART OF THE CAUSE OF THE CAUS	ony, giving slating lhe NTRIBUTING HE TERMINAL I (A).	(A) IMMEDIATE CAU DUE TO, OR AS A (B) PUE TO, OR AS	SE A CONSEQUENCE OF: A CONSEQUENCE OF:			**************************************
DISEASE: iise Id UNDERL' OTHER SIC TO THE D DISEASE C 19 A. DATE OR CONT	es nal meo ure, asiheni camplication ANTECE S OR COI line obav YING CONI CONIFICANT CONIFICANT CONIFICANT CONIFICANT CONIFICANT CONIFICANT CON CONTRACTOR CON CONTRACTOR CON CONTRACTOR CON	In the mode of a, etc. It means in which caused (DENT CAUSES NOTIONS, if e cause (A) DITION lost. II ONDITIONS COLOT RELATED TO THE MISSION MAS PERFORM UNDERLYING CAUSE OF	the disease, death.) ony, giving slating lhe NTRIBUTING HE TERMINAL I I (A). DITION FOR VORMED	(A) IMMEDIATE CAU DUE TO, OR AS (B) PUE TO, OR AS HUEFCHER (C) WHICH OPERATION PLACE OF INJURY (e.g., in the content of the c	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	O 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?	
DISEASE: ise la UNDERL' OTHER SIG TO THE D DISEASE C 19A. DATE OR CONT DEATH (In	ANTECES OR COLUMN TO THE CONTROL OF OPERAT OPERAT OF OPERAT OF OPERAT OPERAT OF OPERAT	In the mode of a, etc. It means in which caused (DENT CAUSES NOTIONS, if e cause (A) DITION lost. II ONDITIONS COLOT RELATED TO THE MISSION MAS PERFORM UNDERLYING CAUSE OF	the disease, death.) ony, giving slating the NTRIBUTING HE TERMINAL TO I (A). DITION FOR NORMED 218, ham etc.]	(A) IMMEDIATE CAU DUE TO, OR AS (B) PUE TO, OR AS HULL TO, OR AS H	SE A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSY? (Yes at Note of bldg., INJURY OCCUR?)	(o) 208. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDERED	
DISEASE: inse la UNDERL' OTHER SIC TO THE D DISEASE C 19 A. DATE OR CONT DEATH (in 21 D. TIME OF INJUR' (APPROX.) 22. I cert that (i) (v	es nal meo ure, asheni camplication ANTECE S OR COI lhe obav YING CONI CONIFICANT C EVALUATION OF OPERAT ANTECE S OR COI LIBE OBAV OF OPERAT (Manth) Y Lifty that (1) we) last sa	In the mode of a, etc. If means in which caused in which caused in the cause (A) DITIONS, if e cause (A) DITION lost. I ONDITIONS COLOUTE (A) TO THE COLOUTE CAUSE OF EXAMINED (Doy) (Year) (this hospital) with decease.	the disease, death.) ony, giving slating the state of the terminal of the ter	WHICH OPERATION PLACE OF INJURY (e.g., in le., form, factory, street, official work) INJURY OCCURRED INJURY OCCURRED IN At Work At Work The deceased from	Or obout 21C, WHERE DID ince bidg. 21F. HOW DID IN 19 21 and 11	JURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacation)
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DISEASE: nise la UNDERL' OTHER SIC TO THE D DISEASE C 19 A. DATE OR CONT DEATH (n 21D. TIME OF INJUR' (APPROX.) 22. I cert that (I) (v and hour 23A. SIGN.	SOR COLLING CONTINUE	In the mode of a, etc. If means in which caused to the cause (A) DITIONS, if e cause (A) DITION lost. II ONDITIONS COINTO TO THE CONTRIBUTION TO	the disease, death.) ony, giving slating the state of the terminal of the ter	WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offine At Work he deceased fram. (We) (did) (did nat) vi DEGREE OF INJURY (e.g., in foctory, street, offine At Work he deceased fram.	SE A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes at North and the consequence of the consequence	JURY OCCUR? To to that In (my) (our) apin	FINDINGS CONSIDERED USES OF DEATH? City, give exact location ion death accurred of the control	in the date
DISEASE: nise la UNDERL' OTHER SIC TO THE D DISEASE C 19 A. DATE OR CONT DEATH (n 21D. TIME OF INJUR' (APPROX.) 22. I cert that (I) (v and hour 23A. SIGN.	es nal meo ure, asheni camplication ANTECE S OR COI lhe obav YING CONI CNIFICANT C EATH BUT IN R CONDITIO OF OPERAL (Manth) (Manth) (Ify thot (I) we) last sa ond from t ATURE LITYPE) LITYPE) CREMATION, LL (Specify)	In the mode of a, etc. If means in which caused to the cause (A) DITIONS, if e cause (A) DITION lost. II ONDITIONS COINTO TO THE CONTRIBUTION TO	the disease, death.) ony, giving slating the terminal to the terminal	WHICH OPERATION PLACE OF INJURY (e.g., in factory, street offinity of the deceased from the deceased	SE A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or Not or obout 21C, WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID IN 19	JURY OCCUR? To to hat in (my) (our) apin	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacation alon death accurred of the second sec	19



	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 71 2944
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) TOGE CARARATIO	2. DATE Known Month Day Year Hour
JOSE CARABALLO	DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	March 20,1971 6:50 P.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
33 TOUNG HODITMG HOODERAT	II.A. STATE B. COUNTY
JOHNS HOPKINS HOSPITAL 6. SEX 7. RACE 18. MARRIED DAILY OF ALRESTS DE LA CONTROL DE L	Maryland 201
MAKKIED NEVER MAKKIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Nonths Days Hours Min.	E. STREET AND NUMBER
9. DATE OF BIRTH Oct. 2,1950 10. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	2029 E. Pratt Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
December 12: WHAT COUNTRY?	A 77 G
Puerto Rico Same	Angel E Carvallo
done during most of working life, even Ifretired)	113. MOTHER 5 MAIDEN NAME
Laborer Construction	Lydia
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
584 14 0980	Carlos J. Carvallo 112 S. Chester St
19. CAUSE OF DEA	d Carlos J. Carvallo 112 S. Chester St
1 2 7 6 6 1 8	BETWEEN ONSET AND DEATH
DISEASE ON CONDITION DIRECTE	ound of chest
LEADING TO DEATH (A)IMMEDIATE	CAUSE
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 9	yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exact location)
O LINDEDIVING FLOR CONTRIB	te bldg., etc.) INJURY OCCUR?
Unk.	1 12 No IIVIII FIACE
	22F. HOWDID INJURY OCCUR?
(APPROX.) 3-20-71 P.M. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE Stabbed during altercation
23.	
I certify that I held on Inquiry Inspection Au	otopsy 🗴 ond that on this basis, death in my opinion
resulted fram: Nettural causes Accident Suici	de Homicide X Undetermined manner
1 1 0 1 1	CHIEF MEDICAL EXAMINER
ACTUAL A LEE MILE	DATE SIGNED
SIGNATURE // Part / I / M.E.	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3/21/71
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Transit 3/24/71 Lopez Memor	rial Puerto Rico
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 25 1971 Robert & Jaken R.D.	George J. Gonce 4001 Ritchie Hgy.
VS 151-REV. 1/1/6B	Baltimore, Md. 21225

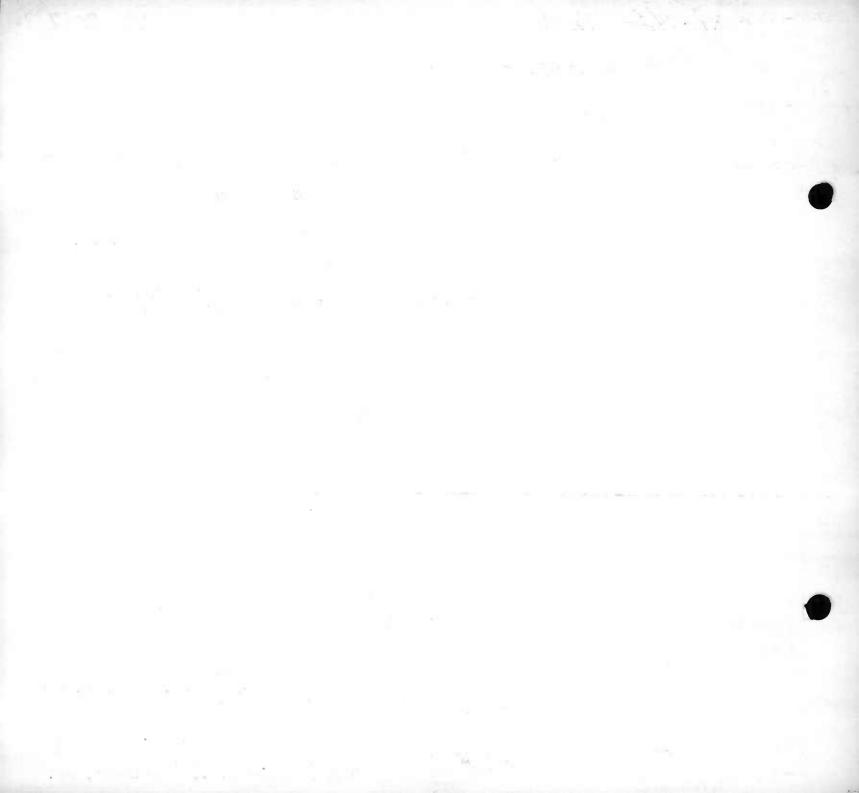
word and right they be to be a first the : !

4-655 71		TY HEALTH DEPARTMENT	7.4 1:045
BIRTH NO.	2945 CERTIFIC	ATE OF DEATH REG. NO	71 2945
TINAME OF DECEASED	V How MANY	2. DATE AND HOUR OF DEATH	12/2/0
3. PLACE IN BALTIMORE MARYLAND	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If in	nstitution: residence before admission
FULL NAME OF THE NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY AND CO.	E 4 0 0
HOSPITAL OR ADDRESS OR LO	CATION)		IDE CITY LIMITS?
2 2		PASADENA	YES NO X
SJOHNS HOPKINS H	OSPITAL	E. STREET AND NUMBER BOX 327 RT#1	
FEMALE WHITE	7- MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 2/26/21 50	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.
IOA. USUAL OCCUPATION (Give kind of v	ork 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refire Housewife	Home	New Jersey	USA
3 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
STEVEN Wadas	4	ELIZABETH HAGG	
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) Of yes, give war ar d	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Miss Natalie E. Harman	n 807 N. Charles
18. 5 7 / 6	CAUSE OF DEA	ATH	STL APPROXIMATE INTERVAL
DISEASE OR CONDITION			BETWEEN ONSET AND DEATH
LEADING TO DEAT	ALL MALEDIATE C	AUSE ason har ent (Sleec)	10 day
(This does not mean the mode heart failure, asthenia, etc. II mea	of dying, e.g., ns the disease. DUE TO, OR	AS A CONSEQUENCE OF:	
injury or complication which caus	ed death.)		
ANTECEDENT CAUS	ES (B) Lee	mnee S Centrasi	= 2 cm
DISEASES OR CONDITIONS, I	f any, giving DUE TO, OR	AS A CONSEQUENCE OF:	7
underlying condition last	staling the	renie alcahaliss	. 0
44	(C)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN F	THE TERMINAL	***************************************	
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P 19A. DATE OF OPERATION 19B. CO. WAS P	ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimor office bidg, INJURY OCCUR?	e City, give exact location)
DEATH (notify medical examiner)	etcJ		
OF INJURY IMONIA) IDOY) ITE		215. HOW DID INJURY OCCUR?	
(APPROX.)	While At U Not W		
22. I certify that (1) this hospi	tal) attended the deceased from	3/20 19 7/ to - 3	/2/ 19 7/
that (I) (we) last saw the decea			nion death accurred on the date
	tated abave. (We) (did) (did)		300111 00001100 011 1110 0010
23A. SIGNATURE	Trial fair Sessons	The near white decine	23B, DATE SIGNED
115-11-	A	ttending Med. Stoff	2/2:
23¢. PHYSICIAN'S	DEGREE	hys. Director Phys. 23D. ADDRESS	13/2
NAME (Typel	BRINKER MD	Jahren Han	K. 120 1/200
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DEGR	REMATORY 24D. LOCATION ICI	ty, town, or county) (State)
Burial 3/24	1/71 Glen Haven M	iem. Pk. Glen Burni	e. Md.
SA. DATE REC'D BY HEALTH DEST.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 25 19/1 1664	RICH ASTROCK WITH	George J. Gonce 40	01 Ritchie Hgy.
'S 150-REV. 1/1/6B		Jalulmore, Md. 2	1-44-5



1) -562 71 2946		TE OF DEATH REG. NO. 114 2016			
1 MAAAR OF DECLASED	CERTIFICA	IE OF DEATH			
(Type or Pant) IRENE DEMER	ZADA	2. Date and hour of DEATH 3-21-71 10:05	Am.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	A. USUAL RESIDENCE (Where deceased lived, II institution: residence before adm	ission)		
FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 43		MARY LAND [C. CITY OR TOWN [D. INSIDE CITY LIMITS?			
		BALTIUM ORE YES NO			
SOUTH BALTIMORE Q	EN. HOSI	121 B. LIGHT STREET			
5. SEX 6. RACE 7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 2 Months Days Hours; /	4 Hrs.		
7 WIDOWED	DIVORCED [ong/27/906 64			
10A. USUAL OCCUPATION (Give kied of work 10B, KIND OF BUSI done during most of working life, even if refired)	WESS OK INDUSTRE	11. BIRTHPLACE ISlate of foreign country! 12. CITIZEN OF WHAT CO	UNIKTY		
13. FATHER'S NAME		? Annie Lee Mecha			
15. Was Decessed Ever in U. S. Armed Farcast 16.5	OCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of service)	ECURITY NO.	EDNA COURAD - FRIEND			
18.753.01	CAUSE OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	SEPIECEMIA			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the discose,		A CONSEQUENCE OF:			
Injury or complication which coused death.) ANTECEDENT CAUSES	11 = 3	PATOMA			
and the second s	(B) //	A CONSEQUENCE OF:	-		
DISEASES OR CONDITIONS, If any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.		A CONSEQUENCE OF:			
	(C)				
11	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL.		20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIB	H OPERATION CE OF INJURY IE.g., im, foctory, street, of my foctory, street, of CEMETERY of CRITICAL MARCHINE, and my foctory, street, of CEMETERY of CRITICAL MARCHINE, and my foctory, street, of CEMETERY of CRITICAL MARCHINE, and my foctory, street, of CEMETERY of CRITICAL MARCHINE, and my foctory, street, of CEMETERY of CRITICAL MARCHINE, and my foctory, street, of CRITICAL MARCHINE, and my foctory, street, of CRITICAL MARCHINE, and my foctory, street, of the my foctory, street, street, of the my foctory, street, of the my foctory, street, st	an or obout 21G. WHERE DID (II in Bolitmore City, give exact location) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 27	e date		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 119A. DATE OF OPERATION 119B. CONDITION FOR WHICH OF INJURY WAS UNDERLYING 121B. PLACE HOME OF DEATH (nofily medical examined 121C. INJURY 1APPROX.) 21D. TIME (Month! (Doy) (Year) (Hous) 21E. INJURY 1APPROX.) 22. 1 certify that (1) (this hospital) attended the dethat (1) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) LIL A B. UILLAFA M. 24A. SURIAL CREMATION, 24B. DATE 24C. NAME (REMOVAL ISpecify) CREMATION 3/24/71 LOU	PRY OCCURRED Not White At Work ceased from 3 - 2/ (did) (did not) white At Work ceased from 3 - 2/ (At Work ceased from 3 - 2/ (Compared to the compared to the compared to the ceased from 3 - 2/ (DON PA	n or obout 21C, WHERE DID In Boltimore City, give exact location	date		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIB	PRY OCCURRED Not White At Work ceased from 3 - 2/ (did) (did not) white At Work ceased from 3 - 2/ (At Work ceased from 3 - 2/ (Compared to the compared to the compared to the ceased from 3 - 2/ (DON PA	an or obout 21G. WHERE DID (II in Bolitmore City, give exact location) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 27	e date		

VS 150-REV. 1/1/6B



NO

ADDRESS

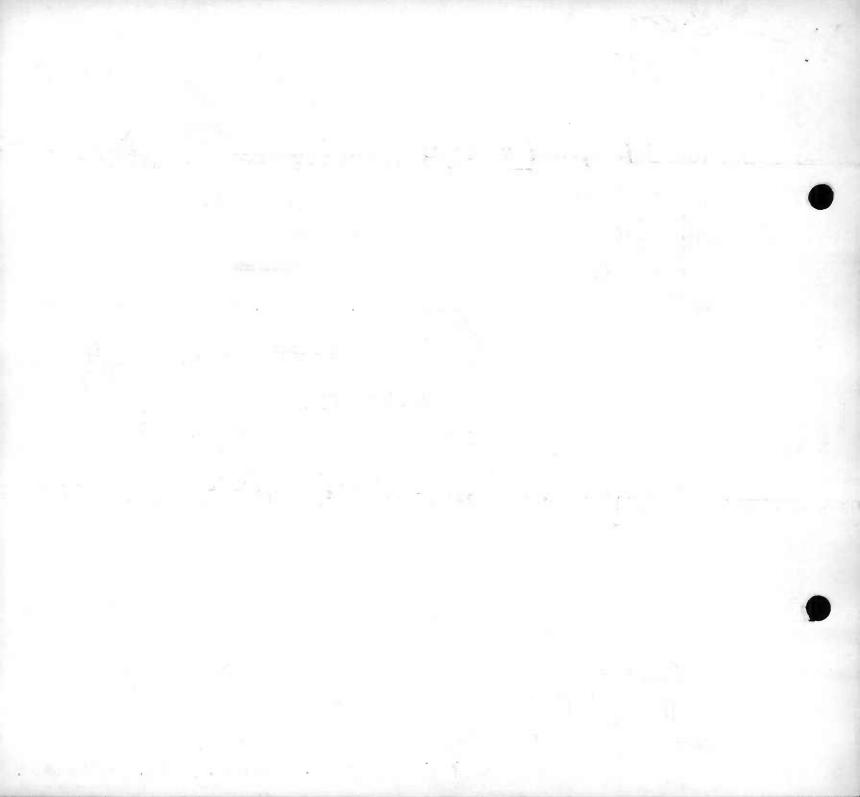
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

Daltimore St.

If Under 24 Hrs.

contributing cause IMPORTANT DIRECTOR: FUNERAL the hospital approved was re

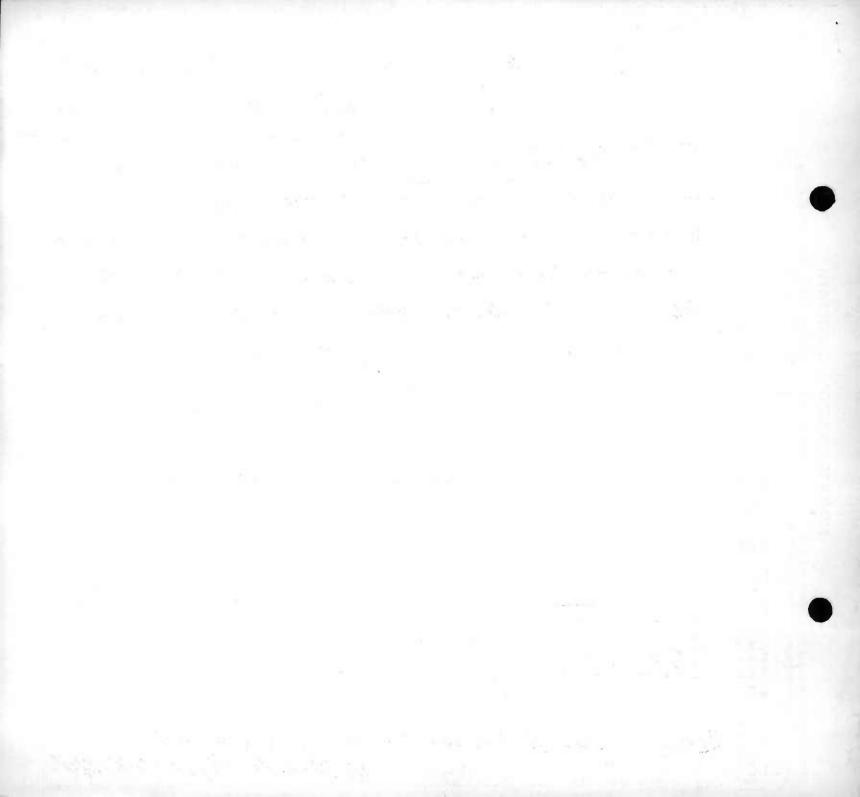


IMPORTANT

FUNERAL DIRECTOR:

1-162	71 29	40	HEALTH DEPARTMENT TE OF DEATH	X REG. NO.	1 2949
BIRTH NO.		CERTIFICA			
(Type or Print)	Panl	Jeffries		Arch 23,1971	1 800 P.
3. PLACE IN BALTIMO	RE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (WILL A. STATE	ere deceased lived. Il institutio	nt residence before admission)
FULL NAME OF (HOSPITAL OR INSTITUTION	IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	C. CITY OR TOWN	Balto.	5300
2xus Pub		Service Hospital	Baltimore		-
	Drive + 31s	t Street	2101 D,	Townhill Rd.	Ø
5. SEX 6. RA	WID WID	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	lost birthdoy) (Mont	nder 1 Ys. if Under 24 His. hs Doys Hours Min.
done during most of working	ON (Give kind of work 10B, K g life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or fo	reign countryl 12. (TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	24	overnment	14. MOTHER'S MAIDEN N	AME	N.7.41'
02094	76+t	ries	Elizabet	1	ort
	s, give wor or dates of se	- 11 N A - 1 - N	17. INFORMANT		ADDRESS
18.	1934 -> 195	4 - 18 - 3430 GAUSE OF DEATH	Records -	MSPHZ HOSP.	Salto, INCO
	CONDITION DIRECTLY	2 18	Arterioscle	rotic Vascular P.	3+ VP3YS
(This does not me	on the made of dying nia, etc. It means the di	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	Cereprel	3 2 7 9 6 4 7 5
injury ar complicati	ion which caused death, CEDENT CAUSES	May A			
		giving DUE TO, OR AS	A CONSEQUENCE OF:	***********************	****
rise to the obd	ove couse (A) statin NDITION last.	g The y (c)	*****************************	***********************	
F TO THE DEATH BUT	CONDITIONS CONTRIBL NOT RELATED TO THE TERM ION GIVEN IN PART 1 (A)	DING 3'N	pendicitis &	•	Several hours
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	OR IF YES, WERE FINDIN	GS CONSIDERED
OR CONTRIBUTING DEATH (notify medic	I CAUSE OF	21B PLACE OF INJURY (e.g., In home, form, foctory, street, office)	of about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimare City,	give exoct lacation)
OF INJURY (APPROXI	th) (Doyl (Year) (Hou	While At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that ((1) (this hospital) atte	nded the deceased from 3	22	1971 to 3/23	1971
	saw the deceased ally			hot in (my) (our) apinion d	eoth occurred on the dote
23A. SIGNATURE	The couses stored obe	ove. (i) (We) (did) (did not) vi	ew the body ofter death.		Are cloure
Willard	8. Umos	M.D. Affen Phys.	ding Med.	Staff Phys. 3	ATE SIGNED
23°C. PHYSICIAM'S NAME (Type)	and P. Am		IN SOHT	dosa Rolla	Md
24A. BURIAL CREMATIO REMOVAL (Specify)	N, 24B, DATE	DEGREE DEGREE	MATORY 24D.	LOCATION (City, town	or county) (State)
Burial 25A. DATE REC'D BY HE	3-27-71	Gardens Of Faith		verlea Ba	lto. Md.
MAR 25 197	Kobert E Sa	ALE SHAPE STRAR	Lassahn Funer	ral Home 7101 Be	lair Rd. 21236
VS 150-REV. 1/1/68				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Gerhard



If Under 24 Hrs.

BETWEEN ONSET AND DEATH

D. INSIDE CITY LIMITS?

NO

Hours 12. CITIZEN OF WHAT COUNTRY?

BALTIMORE CITY HEALTH DEPARTMENT

USA

ADDRESS

218-05-0027 Mr. Roland Daugherty 1414 Rosedale St APPROXIMATE INTERVAL

200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

20 1971 ond that in (my) (oplnion death occurred on the date

23B. DATE SIGNED

(City, town, or county)

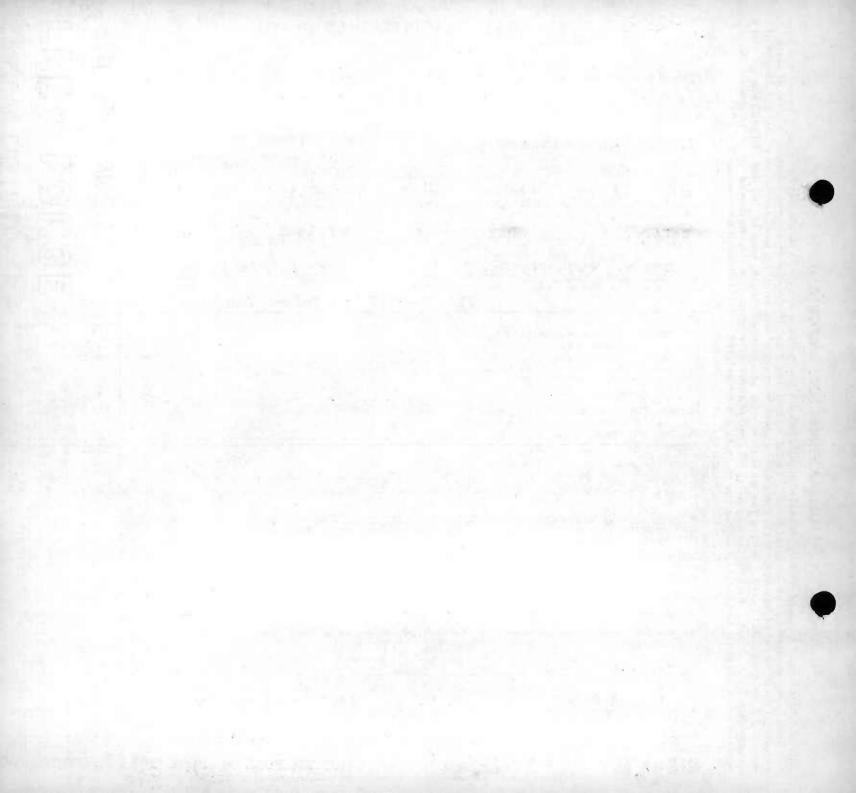
Maryland

FUNERAL HOME 3035 W. NORTH AV

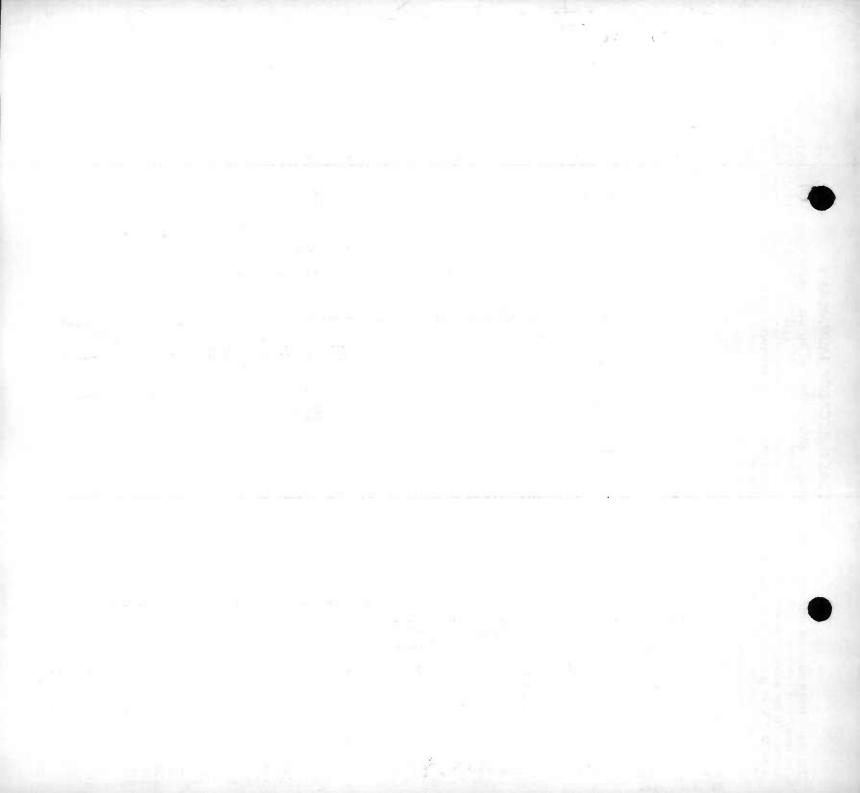
VS 150-REV. 1/1/6B

IMPORTANT

FUNERAL DIRECTOR:

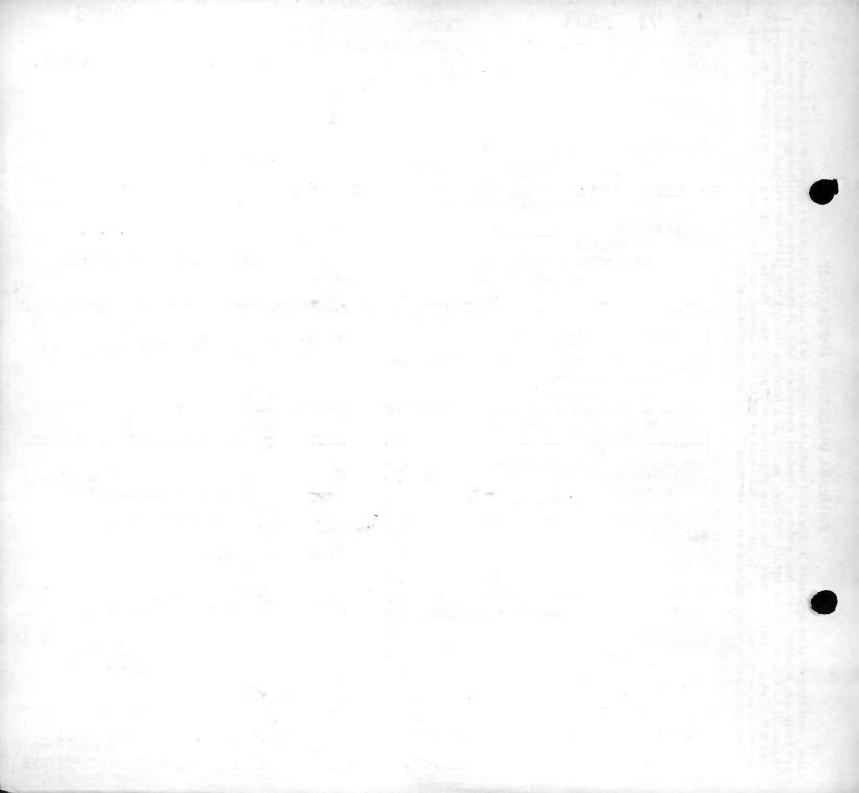


FIRTH NO. 71-04245 CERTIFICAT	TE OF DEATH X REG. NO. 71 2952
(Type or Print) Baby Boy, Matthew Froum	2. DATE AND HOUR OF DEATH 3/24/71
	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Ba/10, 5 300 c. CITY OR TOWN D. INSIDE CITY LIMITS?
The Johns Hopkins Hospital	Baltimore YES NO DEL STREET AND NUMBER 1929 Charmwood Road
Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min. Min. 14
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired)	Sinai Hospital Balto., Md.
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
Steven Froum	Sharon Muskat
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yas, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astherio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21B. PLACE OF INJURY 1e.g., in home, form, fociory, street, office etc.)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? at about 21C; WHERE DID (II in Baltimore City, giva exact lacation)
OF INJURY (Month) IDoy) (Year) IHous 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on March, 23 and haur and from the causes stated above. (I) (We) (did) (did nat) vie 23A. SIGNATURE Attend Phys.	23B DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM 3-1971 JOHNS HOPKINS HOS	75.1201.
MAR 2.5 1971 Regard E. Seuben, 250, 1971	HOSPITAL DISPOSAL



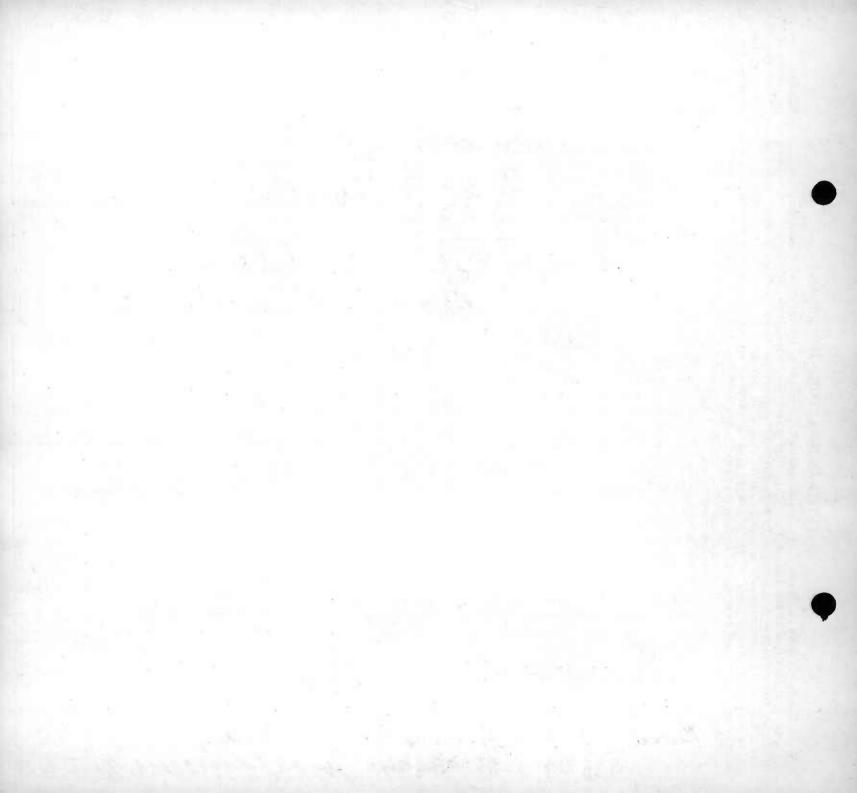
	2	2	0	1	
	nospital and	se of death	ance on the	death. Such	
	curred in a t	tributing cau	aufar attend	sed prior to	made.
NT L	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	direct or con	shows: (1) An accident of any nature; (2) Body Burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased of the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a housist (except where the physician who pronounced death was in regular attendance on the Cause of A at a cause of A	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	or his assista	Also, if the	nounced dea	attendance	imed of tingi
DIRECTOR:	cai examiner	al examiner.	s; (3) A tractu	as in regular	ins are emba
FUNERAL	he chief medi	by a medic	(2) Body burn	physician wo	fore the remo
	poroved by t	the hospital	(except whe	oN (9) pup '	obtained be
	te must be d	s released to	accident of	or to death)	oval must be
	This cartifica	the body wa	shows: (1) Ar	deceased pr	written appr

BIRTH NO.	71 2953			TE OF DEAT		NO. 7	1 29	53	
I. NAME OF D Type at Print) A/K as 3. PLACE IN B	ALTIMORE MARTLAND, V		UN CED DEAD WYA	SKIEWICZ DA JUSUAL RESIDENCE A STATE Maryland	1771-1	371711		9:15 A	sion!
FULL NAME CHOSPITAL OR	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	c grotoware	9		E CITY LIMITS?	NO	
The Jo	hns Hopkins	Hospi	tal	E. STREET AND NUM	stern Ave		113 []	МО	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birthday)	9015	Il Under 1 Ys. Months: Days	If Under 24	
Female		WIDOWED		3/18/97		74			
one during most	CUPATION (Give kind of wor ol working life, even if refired)	108 KIND O	F BUSINESS OR INDUSTRY		or foreign country)			F WHAT COU	NTR
House		_		Poland			U.S.	.A.	
L FATHER'S N	AME Teofil			14. MOTHER'S MAIDE		-1-1			
	XDheodia S1				ia Zidow	eckx	Zytowi		
es, no or unkno	ed Ever in U.S. Armed Fo wn) (If yes, give war or date	rces?	SECURITY NO.	17. INFORMANT			ADD	RESS	A
-		2	20-44-9182	Mrs. Theres	sa Piecho	cki,	5722 PI	lainfie	el
OTHER SIGN	OR CONDITIONS, If the above cause (A) NG CONDITION last. II NIFICANT CONDITIONS CONTACT CONDITIONS CONTACT CONDITIONS CONTACT CONT	stating the	Kromk	A CONSEQUENCE OF:			G	ans	
	OF OPERATION GIVEN IN PAI OF OPERATION 198 CON WAS PER	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B, IF YE	S. WERE FI	NDINGS CONS	SIDERED	
OR CONTR	DENY WAS UNDERLYING DEUTING CAUSE OF	211 hor etc	LFLACE OF INJURY (e.g., ine, farm, factory, street, o	n or about 21 C. WHERE flice bldg. INJURY OCC	OID (II	n Baltimore	City, give sxad	t location)	
21D. TIME OF INJURY (APPROX)	(Month) (Day) (Year)		LINJURY OCCURRED Not White At Work	• 🗆	ID INJURY OCCU	a	/		
	fy that (1) (this haspita		the deceased from	3/1	19 <u>7)</u> te	- 5/	23	19_7	7
,	re) last saw the deceas		1311)		and that In(n/y)	(aur) opin	ion death acc	curred on the	da
23A. SIGNA	X THE	eted abave.	win I	ending Med.			23B. DATE SIGN	NED /	
23C. PHYSIC NAME	1/OUGLAS	AG,	PLEME ME DEGREE TAME OF CEMETERY OF CR	23D. ABORESS	Affects 248, LOCATION	(City	, lown, or coun	ntyl (Sto	atel
Buris	11 3/26/		ly Rosary		Baltimor		144	yland	
25A. DATE REC	D BY HEALTH DEPT.	125B. NAME	OF REGISTRAR	25C. FUNERAL DIE	ECTOR		A	DDRESS	AV
S 150-REV. 1	~ 0	2		Brief & Smil	See 2				-



K 620	BALTIMORE CITY	HEALTH DEPARTMENT		mid Oota
ВІЯТН № 71 2954		TE OF DEATH	REG. NO.	71 2954
1. NAME OF DECEASED KARWACKI	KARWACKI 2 Y G /	A A A A A A TAGE 1	H 23 - 1971	16:05 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL			re deceased lived, If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET		ne Arundel	DE CITY LIMITS?
37 Mercy Hospfital, Inc.		E STORET AND NIMABED	dena // Jac	ckpine Drive
M WIDOWED		9/22/90	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ion usual occupation (Give kind of work 108 kind of Prop done during most of working life, even if refired) Prop Doctor of PharmacyRetail	rietor(RET)		ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.0.11.
William Karwacki		Wladyslaw	a Rozanski	
5. Was Deceased Ever la U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Sister Mary D	Ominic, 301	St.Paul Place
18.	CAUSE OF DEATH	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			0.4	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE A CUTE BRO.	KCHO PNEUMO	PNIA
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	*************************	
injury or complication which caused death.)				1
ANTECEDENT CAUSES	m CERE	BRAL INFAR	CTION	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	BRAL INFAR	*************	
rise to the above cause (A) stating the UNDERLY(NG CONDITION last.	- ATHEROS	CLERO TIC CEREC	BROVASCULAR	DISEASE
	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO SEASE OR CONDITION GIVEN IN PART 1 (A).	48 Parish o privan a season o season o			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
	NACE OF INTURY			
OR CONTRIBUTING CAUSE OF home etc.)	form, loctory, street, of	ice bidg. INJURY OCCUR?	(II in Baltimore	City, give exact location)
M AE INTUING	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Not While			
22. I certify that (I) (this hospital) attended the	e deceased from M	BACH 15 1	1071 10 MAI	RCH 23 1971
that (1) (we) last saw the deceased alive on	MARCH - 2	3 - 19 7/ and the	· American (Vancous distant	ion death accurred an the date
and haur and fram the causes stated above. (1)	(We) (d(d) (d id_ust) v	ew the body ofter deoth.		
A PAT O	A N Atte	nding Med.	U.V.33	23B. DATE SIGNED
Joseph Notarangero	D.C. M.C.		Staff Phys.	MARCH-23-197
JOSEPH NOTARANGE		301 ST. PAUL	PLACE	BALTIMORE 2120
4A. BURIAL CREMATION, 24B. DATE 24C.NA. REMOVAL ISpecify)	ME of CEMETERY of CRE	MATORY 24D. LC	OCATION (City,	, town, or county! (State!
7 - 7 - 1 - 1 - 1 - 1	oly Rosary	Rel	Ltimore,	Manuland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF		25C. FUNERAL DIRECTOR		Maryland
MAR 25 1971 @ G. B E. 7		M.F.SADOWSKI	& SONS. 18	308 EASTERN AVE
/S 150-REV, 1/1/68		Evols .		

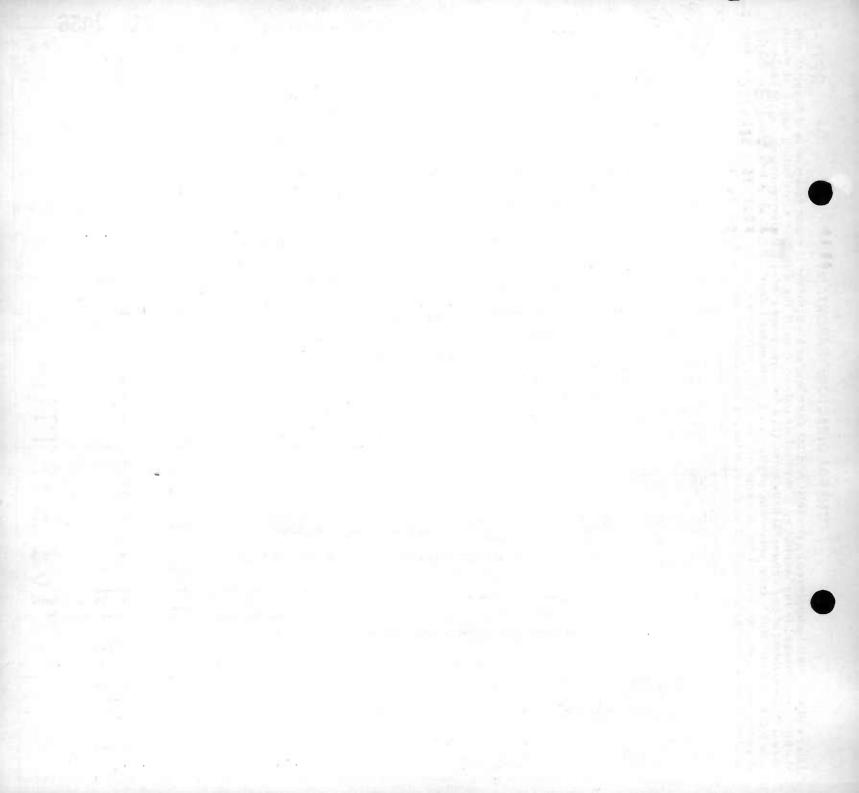
1 2055	BALTIMORE CITY	HEALTH DEPARTMENT	,-	M 9055
5 BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	REG. NO.	1 2955
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	Jones	2. DATE AND	HOUR OF DEATH	1 / 100 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
00 1410 McCalle	4 54	E. STREET AND NUMBER	1- Car	YES NO .
5. SEX 6. RACE 7. MADDIE		B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , II Under 24 Hrs.
F C WIDOWE		may 25, 1883 "	st birthday	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Cuheeling	We Va	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	miching	14. MOTHER'S MAIDENNAM	O de	
IS, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT) f	ADDRESS Cur
18.	CAUSE OF DEATH	Mrs./ ugrica	Kiehender	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	Dogonoral	18m 6 111 B
heort foilure, osthenio, etc. It meons the diseos injury or complication which coused death.)	se,			
ANTECEDENT CAUSES	\~/====================================	oscionate He	part Disea	se 2-128
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the		A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		130A ALIBORAYA (V N)	000 10 400 1100 0	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	K WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., in tome, form, foctory, street, office)	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion}
O 21D-TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	While At Not White			
22. I certify that (I) (this haspital) attended	the deceased fram		70 to 3-	16 1971
that (I) (we) last saw the deceased alive an	3-16	19.7/ and that	in(my) (aur) apini	an death accurred an the date
ond haur and fram the couses stated above.	(I) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	Atter	ding Med. S		23B, DATE SIGNED
23C. PHYSICIAN'S	AST M. D OEGREE Phys.	Director P	hys.	
23C. PHYSICIAN'S V NAME (Type)	linens	558/112 MMA	Canst-R	21/ 1/ 1/ N
24A. BURTAL CREMATION, 24B. DATE 24Cr	MAME of CEMETERY of CRE	MATORY 24D. LO	GATION (City	, town, or coughy) (State)
Dunal 3-19-21 V	100000	m. Wh	ederily	W.Va.
MAR 25 1971	E Jabon M.D.	25C. FUNERAL DIRECTOR	ues 3 151	In ment line
VS 1S0-REV. 1/1/6B		-	Zanh	·vv.//mm de C.



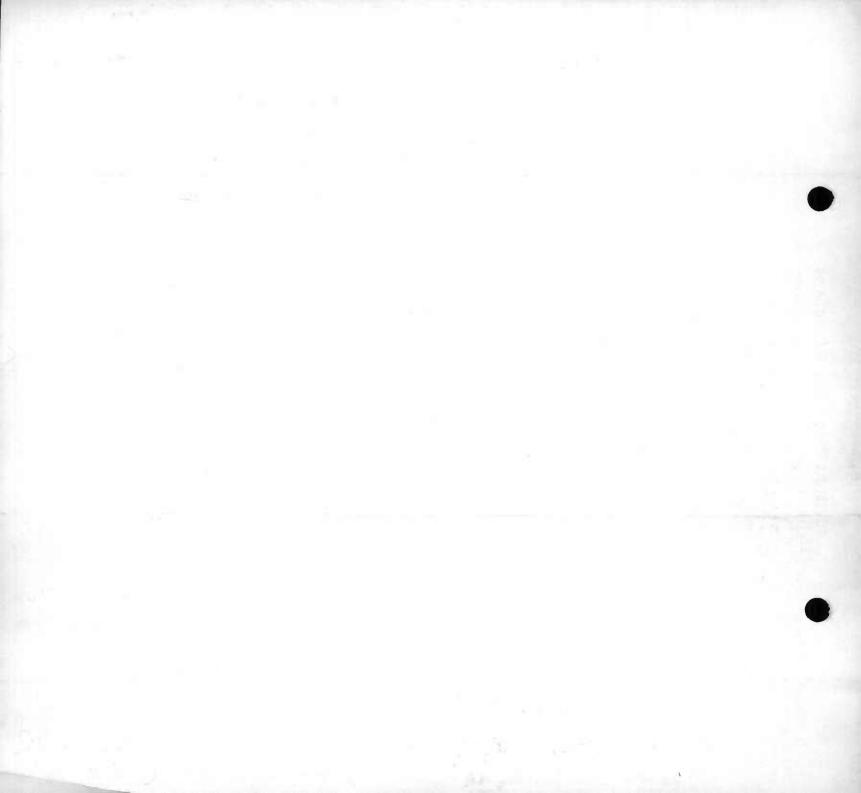
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DIRECTOR:

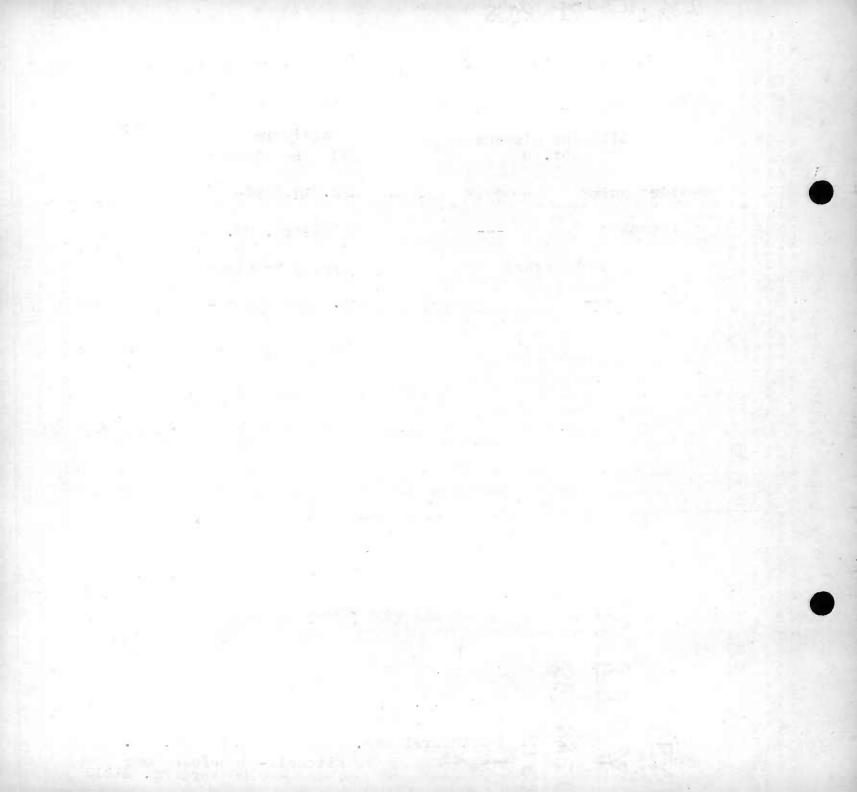
FUNERAL



	10-410 71 20	pine plaky	HEALTH DEPARTMENT	X REG. NO.	71 2957
	RTH NO.	CERTIFICA	TE OF DEATH	D HOUR OF DEATH	-001
(Ту	(pe or Print) Mary & W	alfe	2 DATE AN	march 1"	971 5:40P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ON UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission)
FL Ho IN	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATIONI ISTITUTION	NSTITUTION, GIVE STREET	C. CHY OR TOWN	D. INSIDE	5/02 CITY LIMITS?
1/	Inversity Hazzital	Britimore	Cumberlan	VE YE	s No4
1	8	Un U	6,0 auns p	lace	
-	Female Willite WIDO		2/16/56	ast birthdoy)	Under 1 Yr. If Under 24 His. onths Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foleig	n country!	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	James C. Wolfe		Tollison	, mary	Ž,
15. (Ye	Was Deceased Ever in U. S. Armed Forges? sano or unknown) (If yes, give wor or doles of serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	70 -	none	Chart		
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Emerhalora	The with	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU		7	IWK
	heart failure, asthenia, etc. It means the disc injury at camplication which caused death.)	dase,	A CONSEQUENCE OF: Lep	aticfails	r
	ANTECEDENT CAUSES	(n)	V	U	
	DISEASES OR CONDITIONS, if ony, ginise to the above cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:	**********************	***************************************
	UNDERLYING CONDITION last.	(c)			***************************************
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL			
ERTIFIC/		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CALC	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (naily medical examine)	218 PLACE OF INJURY (e.g., in home, farm, factory, street, all etc.)	or obout 21 C. WHERE DID	(If In Boltimare CI	ty, give exect location)
MEDI	21D-TIME (Month) (Doy) (Yeoil (Hous) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
<	(APPROX)	While At Work Not While At Work	7	-7/ 3	10 7.
	22. I certify that (I) (this hospital) attend	ed the deceosed from	2/16 19	9 //_to	19 / 0
	that (I) (we) tast sow the deceased alive	1 ' /	/	t in (my) (our pinior	a deoth accurred on the dote
	ond hour and from the causes stated above	re. (I) (We) (did) (did nat) v	lew the body ofter death.	1931	B. DATE SIGNED
	Sang of 86			hys.	3/19/71
	23C. PHYSICIAN'S NAME (Typel SANG YOUN	RHIM	Chilesist.	Down 1	Battimon
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE	0	CATION (City, to	own, or countyl (Stotel
25	Durial 3/24/7/	St. Patricks	(am. (les	aberlo &	Ellegany Me
M	AR 25 1971 P.C. as Z. A.	ME OF REGISTRAR	25C. EMTIERAL DIRECTOR	in In 1	ADDRESS
VS	150-REV. 1/1/68	The state of the s		.5 -7	11/4

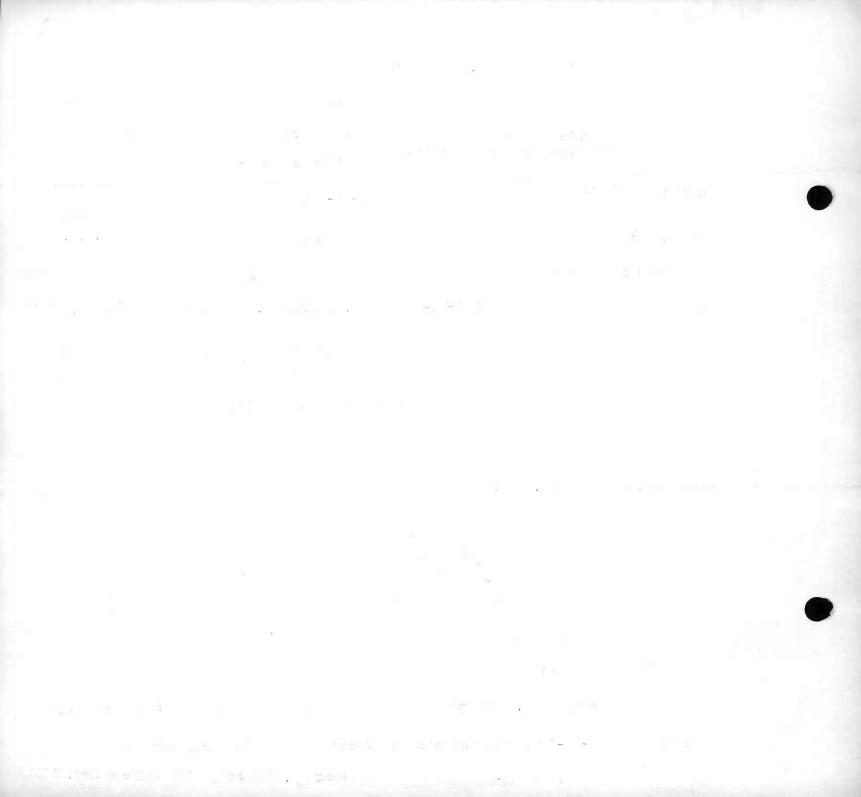


11000	71	2058	BALTIMORE CITY	HEALTH DEPARTMENT		74 2058
1- 260	2 11	2300	CERTIFICA	TE OF DEATH	REG. NO	71 2958
BIRTH NO.	CLASED		CERTIFICA			
1, NAME OF DE				2. DATE AN	D HOUR OF DEAT	Н
	NORA BYRN	VES PATI	RICK	March	21st.19	71 10:30 AM
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wher	e deceased lived, If	institution; residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSP ADDRESS OR LO	TAL OR INSTIT	UTION, GIVE STREET	Mary Land		ISIDE CITY LIMITS?
100				Da 1 4 imama		YES X NO
00	5710 The		ì	E. STREET AND NUMBER		
	Apt.	D		5710 The Ala	meda	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female	White	WIDOWED		Aug. 9th, 1897	lost birthdoy) 73	Months Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	an country)	12. CITIZEN OF WHAT COUNTRY
	of working life, even if retired)			•	
Home	maker			Baltimore, N	id.	USA
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN NAM	AE	
	Togonh Pro			7 11 11 0		
15 Was Decease	Joseph By		1 6. SOCIAL	Loretta McGu	ingan_	ADDRESS
(Yes, no or unknow	vn) (If yes, give wor or do	otes of service)	SECURITY NO.			
no			705-05-2465	Mrs. Mary Byr	nes-5710	The Alameda
1B. 4	0 01		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION D	DIRECTLY				BETWEEN ONSET AND DEATH
Dist	LEADING TO DEATH			Rosense 150		, ,
(This does	not meon the mode	of dving, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	focureus ,	uforthing number
heart failure	e, oslhenio, elc. It meor	is the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	6	
injuly of co	amplication which cause		1.1	1 11	, ,,	
	ANTECEDENT CAUSI	ES	(B) Write	rescurate l	Whate Vous	wards 42/20
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A) stoling the	. Nest	in Lenvine Mrs	dign 1	mar 20+2W
UNDERLIN	NG CONDITION lost.		(C) Y T	007000000000000000000000000000000000000		acate Assign
7	II II			,	1.7.	
	IFICANT CONDITIONS C		(fin	wheralme	isides	52n
▼ DISEASE OR	CONDITION GIVEN IN PA	ART T (A).		1		4
19A. DATE O	OF OPERATION 198. CO	ERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 121 A. A CCID	ENT WAS UNDERLYING BUTING CAUSE OF	21 B	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)
▼ DEATH Inoti	ify medical examiner	etc.		ince bidgs, intoki occok:		
21D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	IDV OCCUP?	
2 OL HAZOKI	(William) (Day) (Teo		ile At Not Whil		oki occok:	
(APPROX.)		Wo				
22. I certif	fy that (I) (this haspit	al) attended t	ne deceased from	aug 13 1	946 to	Mar 2/19 71
	e) lost saw the decea			- 4/		plnian deoth accurred an the date
				iew the bady after death.		The desired on the desired of the desired
23A, 5IGNA1		died dbove. (i	/ (me) (ala) (ala not) v	lew the body after death.		23 B. DATE SIGNED
23A. 310NA	TO I I	05/	The Day	adian T Mad T	Sh-#	23B, DATE SIGNED
	Trederick	Jallale	DEGREE Phy		Staff Phys.	3-22-71
23C. PHYSIC	IAN'S	1		23D. ADDRESS		
NAME	Frederick	Val1==	m M D	6100 Your	h He	
24A PURIAL CO			DEGREE	1147004		
REMOVAL	(Specify) 24B. DATE	24C. N	AME of CEMETERY or CRI	MAIORY () 24D. LC	CATION	City, town, or county) (Stote)
Buria1	2/24	/71 0	othodral C-	T)	al da	Ma
25A. DATE REC	D. BYLMBALTH OTPIN	258. NAME C	athedral Ce	m B	a u more	ADDRESS
West 5	5 W/ Waller	E. Valbe	180, n n	Mitchell-W	iedefeld	Home
	¥11.000	11 7 1	V 44 V	65	00 York	Rd. 21212



FUNERAL DIRECTOR: IMPORTANT

G-53	7/ 11/1	O	BALTIMORE CITY	HEALTH DEPARTMENT		head it
BIRTH NO.	6 71	2959	CERTIFICA	TE OF DEATH	REG. NO	71 2959
I. NAME OF DE	CEASED				ND HOUS OF STREET	
(Type or Print)	MARY	C.	GUNTHER		AND HOUR OF DEATH	1 1
3. PLACE IN BA	LTIMORE, MARYLAND			4. USUAL RESIDENCE (W	arch 22, 197	A stitution: residence before admission)
					INTY	astronous restrete below dumission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	SPITAL OR INSTITUTI OCATION)	ON, GIVE STREET	Maryland		2541
INSTITUTION				c.CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS?
00	501 Yale			E. STREET AND NUMBER		YES X NO
	Baltimore	e, Maryland	21229	501 Yale Ave	2110	
5. S E X	6. RACE	Z. stannen 🗔	ALTICO MARRIED T	8. DATE OF BIRTH		
Female	White	WIDOWED A	NEVER MARRIED DIVORCED	5-12-1875	9. AGE (In years lost birthdoy) 95	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCC	UPATION (Give kind of v	Work 108, KIND OF BL	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Hous ewi		101				U.S.A.
13. FATHER'S NA				Maryland 14. MOTHER'S MAIDEN N.	A AA F	0,0,11,
	11			The strain of the state of the	******	
Gep	hard Butke		6. SOCIAL	Anna	Davis	
	d Ever in U. S. Armed		SECURITY NO.	17. INFORMANT		ADDRESS
No		2	16-54-3903	Mr. Charles H.	Gunther, 50	01 Yale Ave. 21229
18.4	0,91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION			C. M.		BETWEEN ONSET AND DEATH
IThis does	LEADING TO DEAT		(A) IMMEDIATE CAU		Montos	1/04
heorl loilure,	asihenia, elc. il mea	ins the disease.	DUE TO, OR AS A	CONSEQUENCE OF		7 (1
injury or car	mplicolian which caus	sed deoth.)	01-	1 0-1	A D.	
	ANTECEDENT CAUS		(B) Orllin	sellerly /10	IN dese	all
DISEASES	OR CONDITIONS, i	f ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
UNDERLYING	e obove couse (A	A) sloling the	(c)			1
	11		(0/200000000000000000000000000000000000	***************************************		
OTHER SIGNI	II FICANT CONDITIONS (CONTRIBUTING				
FITO THE DEAT	TH BUT NOT RELATED TO ONDITION GIVEN IN F	THE TERMINAL	******************	*****************************		
	OPERATION 198. CO	ONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes of N	10) 208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
19A.DATE OF		ERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING	218. PL	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore	City, give exect lecetion)
DEATH (notify	medical examined	otc.)	iom, reciery, stient, offi	ce bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Yes	orl (Hour) 21E IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUP?	
OF INJURY		While	At T Not While	1		
	1 40 4 4 4 4	Work	At Work		-	3/
I .	that (1) (this hospi		deceased from (7)	2.6/	.19ta	LL 19
that (I) (we)	last saw the decea	sed alive an	79.71	19ond t	hot In (my) (our) opin	nian deoth occurred an the date
		toted abave. (1) (Y	Ye) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATU	JRE X	1 1/				23B, DATE SIGNED
1/10	2 n Da	MULL	Atten Phys.	ding Med.	Staff Phys.	2 cr. 71
23C. PHYSICIA	NES [voe]	<u>v- c</u>	DEOREE	D. ADDRESS		D - 2 / /
I Minte (1	Harry	S. Gimb	e1	4605 Edmonds	on Avenue P	altimomo MJ
4A. BURIAL CRE	MATION, 248, DATE		DEGREE OF CEMETERY OF CREA			altimore, Md.
REMOVAL (Specify)				Collina (City	y, town, or county) (Statel
Burial	3-25-		Cathedral Cen		altimore, Ma	
MAD A		258 NAME OF R		25C. FUNERAL DIRECTO		ADDRESS
MAK 25		E. Jaber 1	(D,	Howard H. Hu	bbard, 4107	Wilkens Ave. 21229
S 150-REV. 1/1/	68			All and a second a		



5	-630	71	29	60	BALTIMORE CIT			REG. NO.	71	2960
BIRTH 1, NAM	NO. NE OF DECEA	ASED			CLKTIFICA	ATE OF				
(Type o	r Print)	IORT. BOOK	ED					ND HOUR OF DEA		10 110011
3. PLA	CE IN BALTI	MORE MARYLAND, W	HERE FRO	NOUN	CED DEAD	4. USUAL RI	SIDENCE (Who	CH 22, 1	9/1	12 NOON esidence befare admission
FULL I HOSPIT	NAME OF TAL OR UTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR IN	ורטדודצו	ON, GIVE STREET	MARY I	b. COD!	NII	NSIDE CITY L	2005
4	0	ST. A	GNES	HOS	SPITAL	E. STREET A	TIMORE ND NUMBER		YES	№ □
5. SEX	16.	RACE	7. 44 4 00	ura [V	Almano association	8. DATE OF B		S AVENUE		
		WHITE	WIDOW	VED	NEVER MARRIED DIVORCED	11 17	90	9. AGE (In years lost birthday)	Months:	1 Yr. If Under 24 H Days Haurs Min.
done du	ring most of wo	ATION (Give kind of work	IOB. KINE	OF BL	JSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fare	eign country)	12. CITI	ZEN OF WHAT COUNT
	MECHAN		E	BUS	SERVICE	WEST	VIRGIN	IA	U.	S.A.
	HER'S NAME					14. MOTHER	MAIDEN NA	ME		
N.	XXXXXXXX	XXXXXXXXXXXXXXX	la oma ı	n	Short	NEVANO		WW Tab	To-how	4-
5. Was	Deceased Ev	er in U. S. Armed For yes, give war or dote	ces?	16	SOCIAL	17. INFORM A	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Lamber	
	_	yes, give wat of dole	s of service	- 1	SECURITY NO.		MILL			MDDRES 21229
118.	0			23	CAUSE OF DEAT		NES HO	SPITAL RI	ECORDS	CATON &
hec	LE is does not art laiture, as	OR CONDITION DIS ADING TO DEATH meon the made of thenia, etc. It means	dying, e	e.g.,	(A) IMMEDIATE CAI	A CONSEQUEN	CE OF:	wil 08)		BETWEEN ONSET AND DEA
inju	ity at compli	calion which caused TECEDENT CAUSES	death.)			pas	reas	•		
DIS	EASES OR	CONDITIONS, il	nv. giv	ina	DUE TO, OR AS	A CONSEQUEN	ICE OF:			
rise	lo lhe	abave cause (A) CONDITION last	slaling	lhe	(c) Liver	/ /	leev 1	Chartan	7	
A DISE	THE DEATH E	II ANT CONDITIONS CON BUT NOT RELATED TO TH DITION GIVEN IN PART	E TERMIN	AL	Generalis	ed alk	eroschy	osis -		
19A	DATE OF O	PERATION 198. CONI WAS PERF	DITION FO	OR WHI	CH OPERATION		'ES	OR IF YES, WER	E FINDINGS CAUSES OF D	CONSIDERED
OR	CONTRIBUTION	WAS UNDERLYING DICAUSE OF		21 B. PLA home, f	CE OF INJURY (e.g., i	or about 21C	WHERE DID	(If In Boltim	nore City, give	exoct location)
G OF I	TIME (NINJURY	Aonth) (Day) (Yearl		21E INJ While A	URY OCCURRED		TNI DID WO	URY OCCUR?		
				Work	At Work					
that	I certify the	(this haspital)	attende	d the d	ARCH 22	MARCH 1		9 / 1 ta M/		2 19 1 accurred on the day
and	haur and fr	am the causes state	d abave	. 411/W	(e) (did) (MM WAY) v	lew the hady	after death		printan dodn	. decoired an the ad
23A.	SIGNATURE	///		ΛΛ.			Med.	Shaff (Sa)	23B. DATE	SIGNED
23 C.	PHYSICIAN'S NAME (Type)	Tull -			DEGREE Phys	3D. ADDRESS		Phys		
1A, R11	RIAL CREATE	1001 4248 5 475	la ca	N1 4 2 2 -	DEGREE					
		110N 24B, DATE		NAME	of CEMETERY of CRE	MATORY	24D. LC	CATION (City, town, or	county) (State)
	rial	3-26-197	0	len	Haven Cemet		G1e	nBurnie, A	nne Aru	ndel Co.Md.
M. DA	ARD A				EGISTRAR		AL DIRECTOR			ADDRESS
- IV	IAK 25	13/1 Kalsey	E. Ja	Wey.	PCD,	Howard	H Hubl	bard, 4107	Wilken	s Ave. 2122

and the second s The term of the second of the . T. T. THE PROPERTY OF MALE SHAPE S EREAL MATERIAL SEE MATERIAL SEE A SECURITION OF A SECURITION O and the property of the part o

THE CONTRACT OF THE CONTRACT O

HERRY AND LAND TO THE ST. ST. A.

	curred in a hospital and	mined cause; (5) Deceased	gular attendance on the	sed prior to death. Such	made.
R: IMPORTANT	ner or his assistant if death oc	cture of any kind; (4) Undetern	pronounced death was in re-	ar attendance on the deceas	balmed or final disposition is
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	spt where the physician who p	(6) No physician was in regul	ined before the remains are em
•	This certificate must be approved to the	shows: (1) An accident of any r	was D.O.A. at a hospital (exc	deceased prior to death); and	written approval must be obta

BALTIMORE CIT	Y HEALTH DEPARTMENT	2961
S-250 71 2961 CERTIFICA	TE OF DEATH REG. NO.	CAOT
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
SCOGNA . MARY VERONICA	V40011 04 4074	9-20 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	18:30 P N
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION CLUE STREET	A. STATE B. COUNTY	1015
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MARYLAND HOWARD	6300
ST. AGNES HOSPITAL	COLUMBIA D. INSIDE CITY I	
70	E. STREET AND NUMBER	NO L
	5336 Thunderhill Road	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		er 1 Yr. , If Under 24 Hrs. Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	10 15 94 lost birthdays Months	Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR)		ZEN OF WHAT COUNTRY
done during most of working life, even if refired) HOUSEWIFE		J.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	J.J.A.
GFULSEPPE TANNELL 16. SOCIAL	CONCETTA (DI TORIO)	
Yes, no or unknown) (If yes, give wat at dates of service) SECURITY NO.	6A ST AGNES HOSPITAL RECORD	MD 21229
	6A ST AGNES HOSPITAL RECORD	DS CATON &
18. 12. 4 1 The Solid CAUSE OF DEAT	н ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CVA	
(A) IMMEDIATE CA	JSE	
heart failure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:	
injury or complication which caused death.) ANTECEDENT CAUSES		
BISTASTS OR CONTINUES	A CONSEQUENCE OF:	- 80 grimmin draw as a cros-cro a sa stayayay yay
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost. (C)		
_ 11		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISCLAR TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Mellitus	
✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)		
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.G.	n or chart 21 C. WHERE DID.	
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY ie.g., home, form, foctory, street, of DEATH (notify medical examined)	n or obout 21 C. WHERE DID (If In Boltimore City, give bidg., INJURY OCCUR?	e exect locotion)
OF INJURY	21F. HOW DID INJURY OCCUR?	
Work At Work		5.50
22. I certify that 🗱 (this hospital) attended the deceased fram	MARCH 21 19/1 to MARCH 2	21 19 71
that 00 (we) lost sow the deceased alive on MARCH 21	1971ond that In(my) (our) opinion dea	
and hour and from the causes stated above. XIX(Xe) (did) (dif) (AXXX	•	
23A. SIGNATURE		IE SIGNED
amais a Varga h M. D. Ath	nding Med. Staff X	3-21-71
	23 D. ADDRESS	
D. VARGAS M.D. DEGREE 24A. BURIAL CREMATION, REMOVAL ISpecify! 24B. DATE 24C. NAME of CEMETERY OF CRE 24C. NAME OF CREMETERY OF CRE 24C. NAME OF CREMETERY O	MATORY 24D. LOCATION ICity, town,	or county!
Burial 3-23-1971 New Cathedral Co		
MAR 25 1971 Walley L. Valley M.D. O	25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilker	address as Ave. 21229
VS 160-DEV 1/1/40	light it imports, 410/ WIIKE	10 AVE. 21229

CHARLE OF BUILDING allege on Killings West II 6.84 .75 and the second s

J-210 71 2962 BALTIMORE CITY HEALTH DEPARTMENT

			_	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

J-2/0	1	MED			AMINER'S			F DEAT	H REG. NO.	71	296	2
I. NAME OF DEC		G.				2. DATE OF	Known 🗌	Month	Day	Yeor	Hour	
		JACOB				DEATH	Estimated L					M.
4. PLACE IN BAL FULL NAME OF HOSPITAL	(IF NO		L OR INST		N, GIVE STREET	3. DATE PRONOL	INCED DEAD	March	19,1971	Year	4:00	P .M.
OR INSTITUTION	700110		,				SIDENCE (Who	ere deceosed li	ved. If institution:	residence		
2	ERCY HO	SPITAL	10				Maryland	1	B. COUNTY		24	23
6. SEX	7. RACE		8. MARR	IED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	A FIWI123		
Male	Whit	e	WIDOW	/ED	DIVORCED .	Balt	imore		YE	s X	NO 🗌	
9. DATE OF BIRT		10. AGE (II	v)		er 1 Yr. If Under 24 Hrs. s. Days Haurs Min.		ND NUMBER William	Ctroot				
1. BIRTHPLACE (S		n country)	59	12 CI	TIZEN OF	13. FATHER		prieer			-	
II. BIRINFLACE	state or toreig	n country)			HAT COUNTRY?	IS. FAIREK	2 IAWWE					
Mary1				U	J.S.A.	Henr		Jacob,	Sr.			
4A.USUAL OCCU			148. KIND	OF BU	USINESS OR INDUSTRY	15. MOTHE	S'S MAIDEN N	AME				
Civil Ser	vice		Balt.	0. (City	Anna	C. H	afner				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	7. SOCIAL	18. INFORA		- Inci	AD	DRESS	21	223
Yes, no or unknawn No	(It yes, give w	var or dotes	at service	,	SECURITY NO. 212-12-2504	Mus A	Thomas T	110 F	F00 G	D - 1		
19.			_		CAUSE OF DEAT		Their L.	Harner	509 S.	Benr	PPROXIMATE IN	TERVAL
1758	14,1/										VEEN ONSET A	
DISEAS	E OR COND	ITION DIRE	CTLY		Multiple	e Injur	ies					
	LEADING TO	DEATH			(A)IMMEDIATE C	AUSE						
(This does n	at mean the	made of dy	ing, e.g.,		DUE TO, OR A		UENCE OF:					
injury or can	, osthenio, etc. nplication which	th coused dea	th.)							81		
1A	NTECEDENT	CAUSES			(B)							
DISEASES	OR CONDITION	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:					
UNDERLYIN	NG CONDITI	ON LAST.	IING IHE		4-1							
Z					(c)							
O THE DEA	IFICANT CON	RELATED TO	THE TERM	ING								
DISEASE OR	CONDITION	_			(20000000000000000000000000000000000000		******				******	
20A. DATE OF	POPERATION	1 208. COI	NOITION	FOR W	HICH OPERATION WA	S PERFORM	ED			21. AUTO	OPSY? (Yes o	r No)
0											yes	
UNDERIVING	NAL CAUSE			228. PL hom e,	ACE OF INJURY (e.g., form, foctory, street, office	in ar about 2 bldg., etc.)	2C. WHERE DIE	O (If in Boltima	re City, give exo	ct lacotion)	2.	302
UTING □ CA		TH.			Street				venue an	d Cha	des St	reet
22D. TIME OF INJURY	(Manth) (D	oy) (Yea	·) (Hau	1	E.INJURY OCCURRED		2F. HOW DID	INJURY OCC	UR?			
(APPROX.)	3-19-71	3:30	P.	m. Wi		ORK X	Subject	struck	by tract	or tr	ailer	truck
23. 1 cert	rify that I h	eld an l	nquiry [Inspection Au	topsy 🗴	and that an	this basis,	death in my	apinion		
resul	ted from: N	atural cou		Ac	cident X Suicid	e H	micide	Undetermi	ned monner	7		
16301	red Holli. It)	303	70	erdenir (E.S.)					_		
ACTUAL	1	/ /	71	1/	18		CHIEF MEDICA				DATE SIGN	VED
SIGNAT	1 1 63	uly	M	la	MD	ASSI	STANT MEDICA	LEXAMINER				
EXAMIN NAME (1	ER'S Ron	ald N	Korı	ıblu	ım,M.D.	ASSC	CIATE MEDICA	L EXAMINER		3/2	0/71	
24A. BURIAL CREA	MATION, 2	48. DATE			NAME of CEMETERY	ar CREMATO	ORY 24	D. LOCATION	(City, town	, ar county) (Sta	te)
Buria1		3-24-1	971	T.J	estern Cemet	erv	13	Raltima:	ra Mar.	land		
25A. DATE REC'D					OF RECHISTRAR		UNERAL DIRE	CTOR	re, Mary	DDRESS		
SARD DE	1071	- 3 va	Pal	1	-				, 4107 W	i1ken	s Ave.	21229
MAN 73				-	(1)	7 17	9 4					

. 1,1,2. Tours in the same series 文的证明 JR 电 A L L TRACE TO THE TOTAL THE TOTAL TO THE TOTA Total and a late of the late o As The State of th

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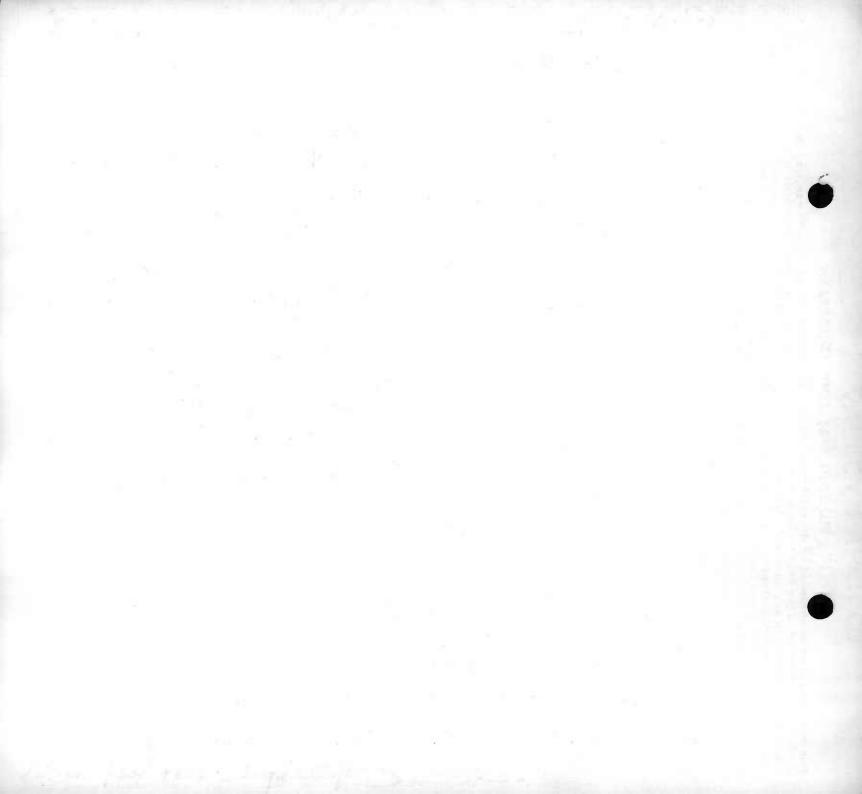
YANGSAMBE .

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1			BALTIMORE CIT	Y HEALTH DEPARTMENT		
U-300	71	296	4 CERTIFICA	TE OF DEATH	REG. NO.	71 2964
NAME OF DECE				2. DATE A	ND HOUR OF DEA	тн
			Quaty		March 23,	1971 7:09 AM If institution: residence before admission)
	MORE MARYLAND, V			A. STATE B. COU	ere deceased lived. I NTY	f institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	ISTITUTION, GIVE STREET	c. CITY OR TOWN Baltimore	D. 11	NSIDE CITY LIMITS? YES NO
37	MERCY H	OSPIT.	AL	E. STREET AND NUMBER 2924 McElde	erry St	112 🔯 110 🗌
- SEX	6. RACE	7. MARO	LED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Menths Doys Hours Min.
म	W	WIDOY		June 29, 190	lost birthdoyl	Months Doys Hours Min.
		TOB KINI	OF BUSINESS OR INDUSTR	1 1. BIRTHPLACE IState or for	eign country)	12. CITIZEN OF WHAT COUNTRY
SALE	orking life, even if refired) S LADY	口口	EPT. STORE	MARYLAN		U.S.A.
3. FATHER'S NAM	Lawrence W	enche	1	Anna Meidlin		
S. Wes Deceased	Ever in U. S. Armed Fo Uf yes, give wer or dok	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
No	(If yes, give wer or dok	es of servi	216-36-8132	Mr. Willer E.	Quaty- 20	724 Mc Elderry St.
rise to the UNDERLYING	R CONDITIONS, IF above cause (A) CONDITION test. II CANT CONDITIONS CO	stating NTRIBUTI THE TERMIN	the (explus	SA CONSEQUENCE OF: OU LOBY ALDO	in Da	end calculi
OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO	OPERATION 19% CON WAS PER	IDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING [TING CAUSE OF medical examined	3	21B FLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C. WHERE DID office bldg. INJURY OCCUR?	(If In Bolt)	Imore City, give exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	Hout	White At Not Wh. At Work	21 f. HOW DID IN	JURY OCCUR?	
22. I certify	that (1) (this hospita	l) attend	ed the deceased from	3-13	19 2/ to	3-23 1971
	last sow the deceas		7 7 7		hat In(my) (our)	opinion death occurred on the date
		ted abov	e. (I) (We) (did) (did not)	view the body after death	•	
23A, SIGNATU	Tul	Asso	OL.	ending Med.	Stoff Phys.	23B DATE SIGNED
23C. PHYSICIAL NAME (Ty	Nrs (pel	Mar	10 P	23D. ADDRESS		
REMOVAL IS	AATION, 248 DATE	24	C.NAME & CEMETERY OF C		LOCATION	(City, town, or county) (State)
BURIA	11 3 26	71	OAK LAWN	-EM.	BALTO.	MD.
MAR OR	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	255 FUNERAL DIRECTO	Allen - 23	34 Sufferson DT
VS 150-PEV 1/1/6						0 11

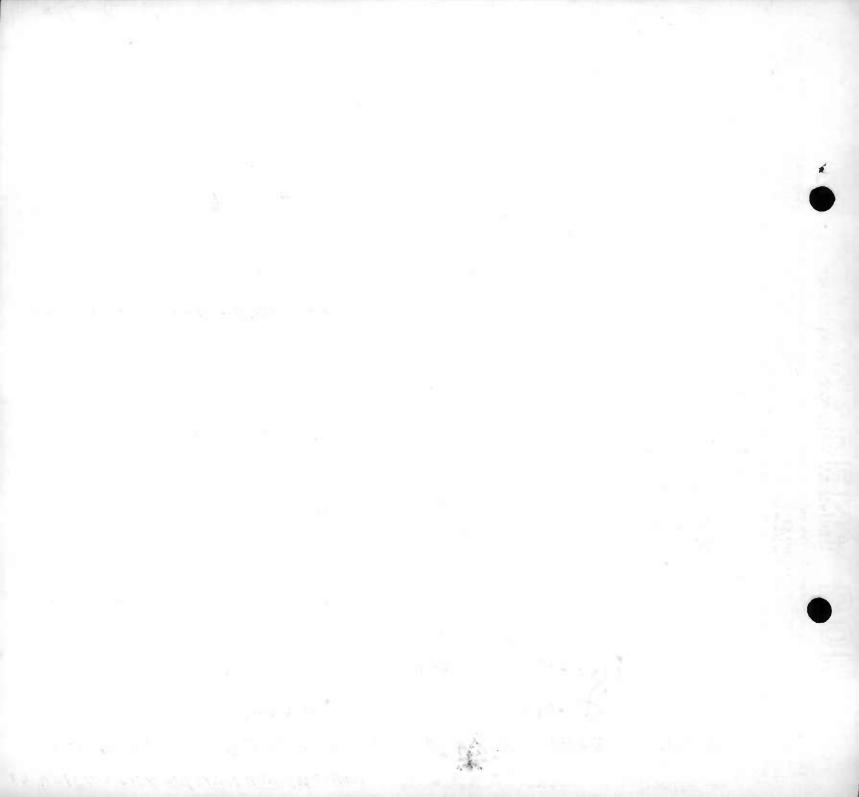


1	7 000 174		HEALTH DEPARTMENT	ru 0005
	5-000 71 296	5 CERTIFICA	TE OF DEATH REG. NO.	71 2965
1. N	AME OF DECEASED SADIE M. GL		2, DATE AND HOUR OF DEA	TH 10000 D
3, P	LACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND , US.	NSIDE CITY LIMITS?
1	CADROH HOUR X		BALTIMORE E, STREET AND NUMBER	YES NO NO
13	5 Hospi	TXT	229 A. Cusley St	7. (24)
3. 3.	F WIDOW	DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	if Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. FIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
- 11	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William O'co	wol	Emma Kerra	Dryang
(Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown! (If yes, give war ar doles of servi	16. SOCIAL SECURITY NO. 215-64-7787	Busine Street	4808 High Bord
	18.	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Caso com 50.	Q Seo Dry
	(This does not mean the made of dying,	(A) IMMEDIATE CAU	SE SCONSEQUENCE OF:	000,000,000
	heart failure, asthenia, etc. It means the diser injury ar camplication which caused death.)	acula	Tuyocarded Infa	rotto
	ANTECEDENT CAUSES	(D)	ward ally During	, see Dury,
	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating		A CONSEQUENCE OF:	*******************************
	UNDERLYING CONDITION last.	(c) live	solvetic Heart De	was geals
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		> Promonary Eman	Diem Pew hre,
	19A-DATE OF OPERATION 19B CONDITION FOWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
11 14	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	21B PLACE OF INJURY (e.g., is home, form, loctory, street, aff etc.)	or about 21 C. WHERE DID (If In Balti ice bldg., INJURY OCCUR?	imore City, give exact locotion)
3 8	21 D. TIME (Month) (Doy) (Yeor) (Hour) DF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this haspital) attende	d the deceased from Tu	acci (8 1971 to	Nauch 23 1941
	that (i) (ve) ast saw the deceased alive (19 To and that In (my) (aur)	opinian death accurred an the date
	and haur and from the causes stated above	. () (We) (did) (did nat) v	ew the bady after death.	
	Second Decidence	DEGREE Phys		3/23/
	POTANDO WEN	DOZA, MD,	180 N. Browny	Parto, MD. 2123
24A.	BURIAL CREMATION, 248. DATE 240	NAME OF CEMETERY OF CRE	0 -	(City, town, or county) (Stote)
25 A	BURIAL 3/2/1/11	DALTIMORE	CEM. SAKTO.	Mo
MA	R 26 1971 Linus E. Karlen	LE-OF REGISTRAR	25C. FUNERAL DIRECTOR - 23	34 Seferan IT
VS 1	50-REV. 1/1/68			



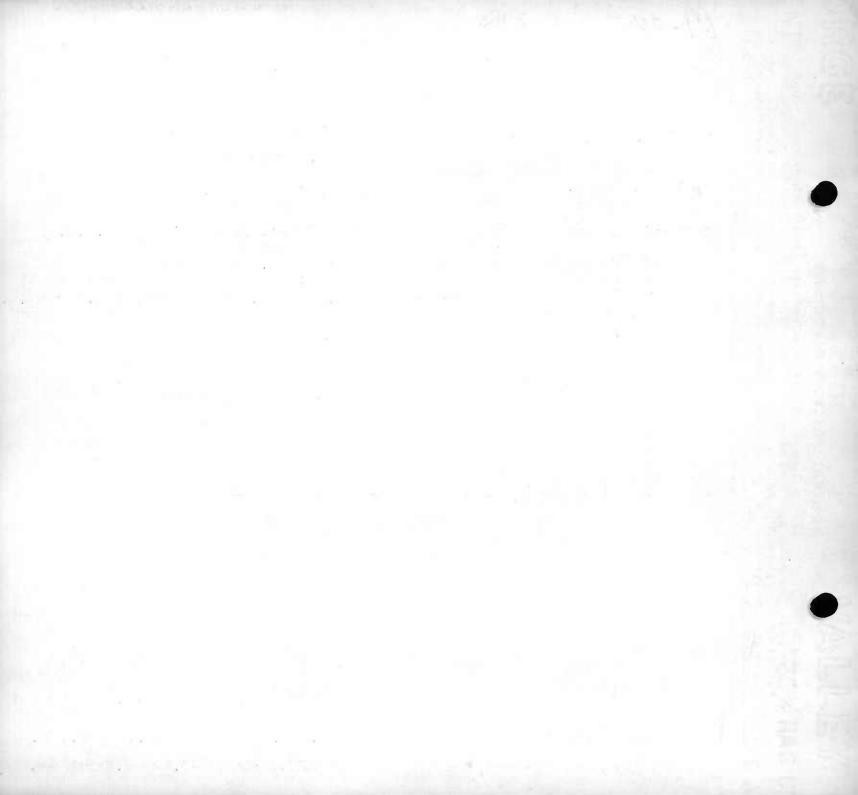
R-	200	5 7	4 4	2066			HEALTH DEP			REG. NO.	71	20)SS
BIRTH NO	OF DECEA	£ .	A. A	হস্ত জ	CE	KIIFICA	TE OF [11-11-1					
Type or F	Print)	ROS		UGUST				3 2	25 71	R OF DEATH		9:1	
3. PLACE	IN BALTI	MORE MARY	LAND, W	HERE PRONC	UNCED DE	AD	4. USUAL RE	B. COL	here deced	sed lived, If i	nstitutions	residence b	efore odmissi
A THEODIE	ME OF	(IF NOT I	HOSPIT	AL OR INSTI	TUTION, GIV	E STREET	MARY				-2	03	7
INSTITUT	ON			HOSPI			C. CITY OR TO	I MOR E		D. INS	IDE CITY		
40	1						E. STREET AN				YES A	N	<u>○ </u>
							213 /	ALLEND	DALE	ST			
5. SEX MAI		WHITE		7. MARRIED	NEVER	MARRIED	B. DATE OF BE	RTH	9. AGE lost big	(In years	II Und	er l Yr. , l	Under 24 I
				WIDOWED		VORCED [1 11	14	5	1	1410111113	50/1	74/11
		ATION (Give ki king tife, even	ind of work if relired)		FOOD	OR INDUSTRY	MARY		oreign coun	itry)		15A	HAT COUN
13. FATHE	R'S NAME						14. MOTHER'S	MAIDEN N	AME		1 0	011	
J 05	EPH	ROSS					ANG	ELA					
S. Wos D	eceosed Ev	er in U. S. A	rmed Fore	ces? s of service)	16. SOCIA		17. INFORMAN	T	10 D I =	A1 1211	MENIO	ADDRESS	TON
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	DISEASE	OR CONDIT	TON DE	RECTLY			}-	A	1 0.			BEI WEEN O	NSET AND D
(This	does not	mean the	nade of	dying, e.g.,	1/1/-	MMEDIATE CAL	ISE EPISO		TA	HCRELTI'	TIS	18	OLAY
injury	ar campli	lhenia, etc. calian which	l means caused	the disease, death.)	,			01.					
	AN	TECEDENT	CAUSES		(R)	CROM	A CONSEQUEN	NCRE	AT1+	15		6	VEAR
DISEA	ISES OR	CONDITION	NS, if c	any, giving								**********	1
UND	RLYING	ONDITION	last.	sioning the	(c)_	Alcoh	olism			*********		**********	
z		- 11											
E TO TH	E DEATH E	NT CONDITION	TED TO TH	E TERMINAL	*****	******							
19A.D	ATE OF O	PERATION I		DITION FOR	WHICH OPE	RATION	20A. AUTOP	SY? (Yes or I	No. 20B. 1	F YES, WERE	FINDINOS	CONSIDE	RED
19A.D			10 10				N		IN CE	RTIFYING CA	USES OF	DEATH?	
00 00	JN TRIBUTIN	WAS UNDER	OF	21 B hon etc.	ie, form, foc	INJURY (e.g., i fory, street, of	ice bldg., INJUR	VHERE DID		(If In Boltimor	e City, giv	e exoct loco	tion)
DEATH DEATH OF IN.	ME (A	Aonth) (Doy)	(Yeor)	(Hour) 21E	INJURY O			OW DID IN	JURY OC	CUR?			
(APPR				Wh	ile Al	Not While At Work	· 🗆 📗						
22. 1	certify the	t XI) (this i	naspítal)	attended t	he decease	d from 2	26		19 71	ta	3/25/	71	19
		st saw the			3/	/25/	19.71	and t		Y (our) opt		th accurre	
and h	aur ond fi	amythe cau	ses state	ed above. ((Me) (q14) XdXdXnXt) v	lew the body						
23A. SI	GNATURE	1/2 -	0.	a. /		MILANO	- t	4.1			23B, DAT	E SIGNED	
22 C. Bi	W	work	44	344	1	DEGREE Phys		Ned.	Staff Phys.	t	3 8	25-	7/
N.	AME (Type		Ro	0. 10		KI	ST. ADDRESS	101	0 1	1	-		
24A. \$1191	AR CREMA	TION DIE	DATE	2000	AME of CC	DEGREE METERY OF CRE		72.~	- L	10201	IAL		
REMO	OVAL (Spec	ify)	10-1	71 114	CII DA	CATAL	MAIUKT	240.	LOCATION	v (Ci	ly, lown, o	r county)	(Stote
DUK)/ 25A/ DATE	ALCO BY	HEALTH DE	#7-1	25B. NAME (OF REGISTRA	SHKX	25C, FIINED	AL DIRECTO	UNPA	45	MA	112/	IND
	MAR 2	6 1971	Radia	BE 30	Ben Ne	2 0	DOLLIN !	N WED	FRAC	NCINI	Unic	AUDKE	TER
	V. 1/1/68	-444					10/1/17/	IVEN	7)70	4171116	7613	14/169	IEK

i en grand and Branch, MINE THE PROPERTY OF THE PARTY
BALTIMORE CITY	HEALTH DEPARTMENT 71 2967
DIKITI NO.	TE OF DEATH REG. NO.
1. NAME OF DECEASED (Type of Print) STAWARA Joseph	2. Date and hour of Death MARCH 25, 1971 500 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3 - CHUPCH HOME + HOSPITAL	BATIMORE YES NO
100 N. BROADWAY Zone 21231	434 UNION AVENUE 2/2/1
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AOE (In years lost birthday) 9. AOE (In years Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) FACTORY FACTORY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY POLAND
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN in POLAND	UNKNOWN in POLAND
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) If yes, give war or datas of service) NO 382-03-2460	17. INFORMANT ADDRESS
18. Z	1 14/1/03-0 4//WINT UP JULINIAL SI
7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	JSE A CONSEQUENCE OF:
heart lailure, asthenia, etc. It means the disease,	() () () () () () () ()
ANTECEDENT CAUSES	sociation of Innational Playthm would o
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION (ast.	selmotic foot Defree
(0)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	***************************************
194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF home, form, foctory, streat, off DEATH (natify madical examined)	n ar about 21 C. WHERE DID (If in Baltimare City, give axact location) lice bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Haus) 21E INJURY OCCURRED While At Work At Work	
	aret 16 1971 to 198707 25 1971
that (1) (we) last saw the deceased alive on Marut 25	19_71and that In(my) (aur))opinion death occurred an the date
and hour and from the causes stated above. (1) (We) (did) (did not) vi	lew the body ofter death.
DEGREE Phys.	andling Med. Staff Director Phys. 238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMENT	MATORY 24D. LOCATION (City, town, or cauntyl (State)
BURIAL 3/29/71 HOLY ROSARY E	EMETERY DUNDALK MARYLAND
MAR 26 1971 258. NAME OF REGISTRAR,	JOHNM WEBER +SOLYS INC 4015, CHESTER S
VS 150-DEV 1/1/60	CAMELIANDED LASONS THE JOIN CILESTELL ?



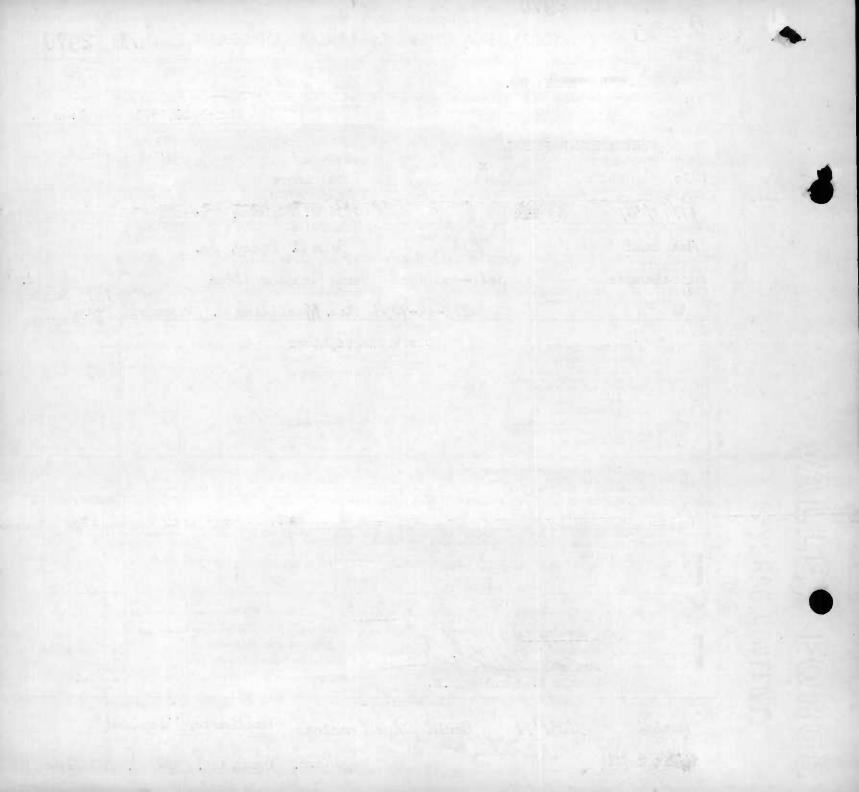
FUNERAL DIRECTOR: IMPORTANT

				ATE OF DEATH	
BIRT	TH NO.	EASED		2. DATE AND HOUR OF DE	ATU
	e or Print)		ONE MANAGEMENT AND	3 - 1) I -	7/ 1
2 8	LACE IN RAL		CY MCWILLIAMS WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	It institution; residence before admis-
J. F	LACE IN BAL	IIMORE MARILAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	I IIIshidholi, lesidence belore dums
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland	12.05
INS	SPITAL OR	ADDRESS OR LOCA	A IION)		INSIDE CITY LIMITS?
	27 W	. North Ave	nue	Baltimore	YES X NO
1		. 1101 011 1110		E. STREET AND NUMBER	
0	0			27 W. North Avenue	
5. S	EX	6. RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	Manths Days Hours M
	Male	White	WIDOWED DIVORCED	6/5/1903 67	
		JPATION (Give kind of warl working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COU
		Plumber	Plumbing	Baltimone Manules	d U.S.A.
	FATHER'S NAM		Transtik	Baltimore, Marylan	U.D.A.
	77		mt Malifaldama		and
3.0			ort McWilliams	Annie M. Schemin	
Yes	no or unknown	(If yes, give wor ar dote	ices? 16. SOCIAL	17. INFORMANT: WITE	ADDRESS 212
			218-07-407	Genevieve S. McWill	iams, 27 W. North
	1B. / / C	2.1	CAUSE OF DEA		APPROXIMATE INTERV
		E OR CONDITION DI	RECTLY	a. to come	BETWEEN ONSET AND D
		LEADING TO DEATH	(A)IMMEDIATE CA	very cerestay	5 min
		al meon the mode of			
				S A CONSEQUENCE OF:	
		osthenio, etc. It means plication which coused	the disease,	S A CONSEQUENCE OF:	2 4
	injury or com	osthenio, etc. It means	the disease, death.)	toul CV dista	si 2 ju
	injury or com	osthenio, etc. II means aptication which coused ANTECEDENT CAUSES	the disease, death.)	A CONSEQUENCE OF: A CONSEQUENCE OF:	si 2 ju
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	DISEASES C	osthenio, etc. II means uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	any, giving DUE TO, OR A	It rel CV disia	si 2 ju
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1	1)-635 71 2969		HEALTH DEPARTMENT	REG. NO.	71 2969			
B1	RTH NO.	CERTIFICA	TE OF DEATH					
(T	pe or Print It/berta Warthe	n	3 - 23	-11	9.20 A.M. M.			
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where der	eosed lived. Il in	stitution: residence before admission)			
FI H IN	JLL NAME OF (IF NOT IN HOSPITAL OR INSTI OSPITAL OR ADDRESS OR LOCATIONI ISTITUTION	TUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
C	36 1 11	/	Baltimore		YES NO			
	Don Decouds Hospita	./	3612 Collage	Aue				
5.	SEX 6. RACE 7. MARRIED WIDOWED		le le lost	SE (In years pirthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Haurs Min.			
10.	A. USUAL OCCUPATION (Give kind of work 10B, KIND One during most of working life, even if refired)		11. BIRTHPLACE (Stote or foreign co	ountryl	12. CITIZEN OF WHAT COUNTRYP			
90	HOUSELVEY K DUN	Home	Maryland		usp			
13.	FATHER'S NAME	110	14. MOTHER'S MAIDEN NAME		usit			
	Desige R. Owings		HOLD HO	1/				
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no or unknown] (III yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	V 1 ·	ADDRESS			
	NO	213-48-2728	W. Owing Ella Ha	9 300 MS	Tavish Ave.			
	18.428 XI	CAUSE OF DEATH	The rest of the ripe of	1 14 5111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		· Deuto Cardio	c Ann	+ 3.			
	(This does not mean the mode of dving, e.g.	(A) IMMEDIATE CAU	SE HOME CANANO A CONSEQUENCE OF:	rc Arp	31 5 min			
	heart foilure, asthenia, etc. It means the discose injury ar camplication which caused death.)		rdial Disease.		Long standing			
	ANTECEDENT CAUSES	(a) · I Ele	etalute impala	M(8	- A more the one			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		moun			
	UNDERLYING CONDITION last	(c)	mal Failure					
z	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B	IF YES, WERE F	INDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED			CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?			
CAL C	21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH Inatify medical examined	PLACE OF INJURY (e.g., In ne, form, foctory, street, aff)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)			
AEDI	OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?				
2	(APPROX.) Wh	ile At						
	22. I certify that (1) (this haspital) attended the deceased from March 9 19 2/ to March 23 19 2/							
	that (1) (we) last saw the deceased alive an	march 9	19and that In		Ian death occurred an the date			
	and haur and fram the causes stated above.	ly (We) (did) (did nat) vi						
	23A. SIGNATURE **SUMESAS'	N.D. Atten	ding Med. Staff	र्ध	3-23-0/			
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	3 D. ADDRESS	OSP. BA				
24/	BURIAL CREMATION, 1248, DATE 124C. N.	AME OF CEMETERY OF CREA			L Md 21223			
	REMOVAL (Specify)	TAVIL OF CENTERENT OF CREAT	MATORY 24D. LOCATI	ON (City	, town, or countyl (Stote)			
25/	A DATE REC'D BY HEALTH DEPT. 25B. NAME (OF REGISTRAR	125C. FUNERAL DISECTOR	imore,	Maryland			
	MAR 26 1971 Resent E. Jack	en M.D.	Amb- asellar. 1	2005.	VADRESS			
VS	150-REV, 1/1/68		B. W. C. L. C. I. C. I.	NO COM	MUNUX-010			

NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimo re. aryland Buria Druid emeteru 258 NAME OF REGISTRAR **ADDRESS** 2SA. DATE REC'D BY HEALTH DEPT 2SC. FUNERAL DIRECTOR Jaben whn Monan. Inc. VS 1S1-REV. 1/1/6B



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 171/68

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		HEALTH DEPARTMENT						
	D-672-11893 71 2972 CERTIFICA	TE OF DEATH REG, NO.	2020					
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	225					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	13/23/11	933 M					
		4. USUAL RESIDENCE (Where deceased lived If inst	itution: residence before admission)					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. U. S. A.	E CITY LIMITS?					
	South Baltomore General Hosp.	0.4	YES NO					
	43	L. SIREET AIRD HOMBER	1					
	S. SEX 6. RACE 7. MARRIED ALEXED MARRIED	2B King Crest Cour	<i>て、</i>					
	WIDOWED DIVORCED	1-10-1101 PMa	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY					
	and a state of the	Md.	American					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	With the town					
	Ronald E. Browning	Pageni						
	5. Was Deceosed Ever to U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
		Donald Browning 3 B Kinger	rest Ct.					
	18. CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	n 1 / 1	1					
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	SE RESPIRATORY LAY	une					
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)							
	ANTECEDENT CAUSES	nchoponemia bilate	and a					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF						
	underlying condition last. (c)	polake						
	II							
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	une to flarise.						
ıll	1994 DATE OF OPERATION 1986 CONDITION FOR WHICH OPERATION WAS PERFORMED Sudden transtent Candage	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED					
		STEER OSTILL	ES OF DEATH?					
	U 21A.ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In home, form, foctory, street, olf old	or about 21 C. WHERE DID If In Baltimore (City, give exact location)					
	21D-TIME (Month) (Doyl (Yeo) (Hour) 21E INJURY OCCURRED (APPROX.) While A1 Not While A1 Work	21F. HOW DID INJURY OCCUR?						
	22. I certify that (I) (this hospital) attended the deceased fram	2/2- 19.0/ 4- 2	122 1001					
	22. I certify that (1) (this hospital) attended the deceased from 3/0 19 2/ to 3/23 19 1/ that (1) (we) last saw the deceased alive an 3/23 19 7/ and that in (my) (our) apinian death accurred on the date							
	and haur and from the causes stated above. (1) (We) (did) (did not) vi		door accourse on the gale					
	23A. SIGNATURE	2:	B, DATE SIGNED					
	Change pages Phys.		3/23/21					
	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS	7-7/1					
	CHUNG-JA CHUNG M.D.	South Boultonove General	1 Hospital					
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY		town, or county) (Stote)					
	Burial 3/27/71 Glenwood Cemeter							
	SA. DATE LEC'D BY HEALTH, DEEP 258, NAME OF REGISTERS S	Witzke, 4101 Edmondson A	ve. 21228					
15	S 150-REV. 1/1/68							



March of the same
R.P. Ware

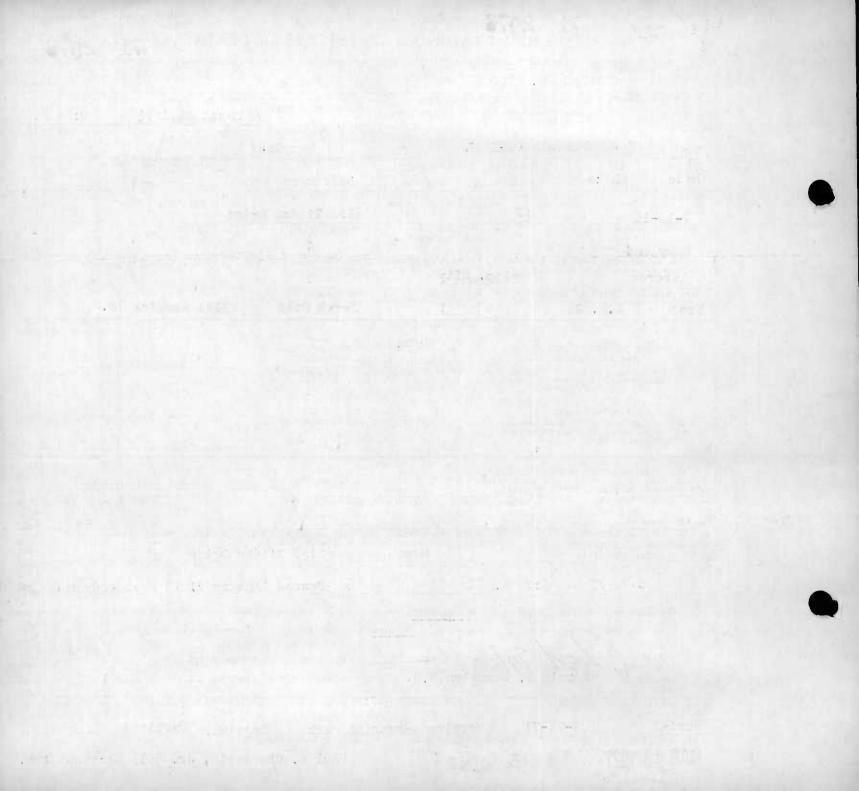
VS 151-REV. 1/1/68

Jake 1910 No. of the Mad Later CALL THE EXIST TO SECOND REPORT OF and the same of
SETWEEN ONSET AND DEATH 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bidg., etc.) INJURY OCCUR? St. Rt. 478 .05 ml. West 6 0 0 of Hwy 180 Left of Knoxville, Md.
22F. HOWDID NJURY OCCUR? Subject was holding on NAME (Type) 24D. LOCATION (City, town, or county) (Stote) 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24A. BURIAL CREMATION, Maryland REMOVAL (Specify) Park Heights Cemetery Brunswick 25c. FUNERAL DIRECTOR Jone Brunswick, Maryland 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Elvar. Feete VS 151-REV. 1/1/6B

r i i co cr 7 ::: 7 121E . U.S. . Edm. no lent in Landon och mil C. TC. 47 . EN 1. Jone 1.1.17 7:5:1 12 to a hand nitro-tion of true to the . I'd the cut no extend :1. 17

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BID	4-300 TH NO.)	71 MED	29'	BALTIMORE CITY HE			F DEAT	H _{reg. no}	71	2976
1. N	NAME OF DEC	EASED CHAR	RLES W	. но	OD	2. DATE OF	Knawn Estimated	Month	Day	Year	Hour
4. F	LACE IN BAL	TIMORE, MA	ARYLAND, W	HERE P	RONOUNCED DEAD	3. DATE	Estimored E	Month	Doy	Year	M. Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						PRONOUNCED DEAD March 24,1971 9:30 A. M. S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)					
4	/4 vi		MORIAL			A. STATE	Marylar		B. COUNTY	13	05
6. 5		7. RACE			RIED NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	
	Male	White			WED DIVORCED		timore		YES	5 📙	NO L
9. [2-10-1	,	10. AGE (Ir	55	If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.		Tilden I	rive			
11.	BIRTHPLACE (S		on country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME				
	Maryla USUAL OCCU during most of v Labore	PATION (Giver orking life, ev			of BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AME			
	WAS DECEAS					18. INFOR	h Otto	314	AD l Keswic	bress k Rd.	
CERTIFICATION	(This does in heart failure Injury or can Al DISEASES (RISE TO THE UNDERLY))	ot meon the , osthenia, etc nplicotian whi NTECEDENT DR CONDITI E ABOVE CA NG CONDIT	mode of dy It means the ch coused dec CAUSES ONS, IF ANY USE (A) STA'	ing, e.g., disease, oth.) , GIVING TING THI	(B)(B)(C)	AS A CONSE					
E	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A		AS DEDECIDA	VED.			21 AUTO	PSY? (Yes ar Na)
B	DAIL OI	OLEKANO	200. CO	4DIIIOI	TOR WHICH OF ERAHON WA	AS TERIORI	LD			III. AOTO	no
MEDIC	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	(Month) (ITRIB- ATH. Doy) (Year		228. PLACE OF INJURY (e.g., hame, farm, foctory, street, office HOME UT) 22E. INJURY OCCURRED WHILE AT NOT AT WORK		3153 Til	den Dri	ve JR?	300	dy and igni
		URE ER'S	deform latering later	ses [Inspection X Au Accident Suicio M.Cornblum, M.D.	de X H	ond that on omicide CHIEF MEDICAL STANT MEDICAL OCIATE MEDICAL	Undetermin EXAMINER LEXAMINER	death in my oned manner	_	I
	A. BURIAL CRE	MATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 240	. LOCATION	(City, town	, or county) (State)
	Burial		3-27-		Moreland Memo			altimor	e Maryla	and	
25/	MAR 26	BY HEALTH	DEPT.	25B.	See RD	25C.	FUNERAL DIREC		Jr. 36	DDRESS 15 Che	estnut Ave.
VS	151-REV. 1/1/6	N	94	- 2		6	1 5				1



IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/68

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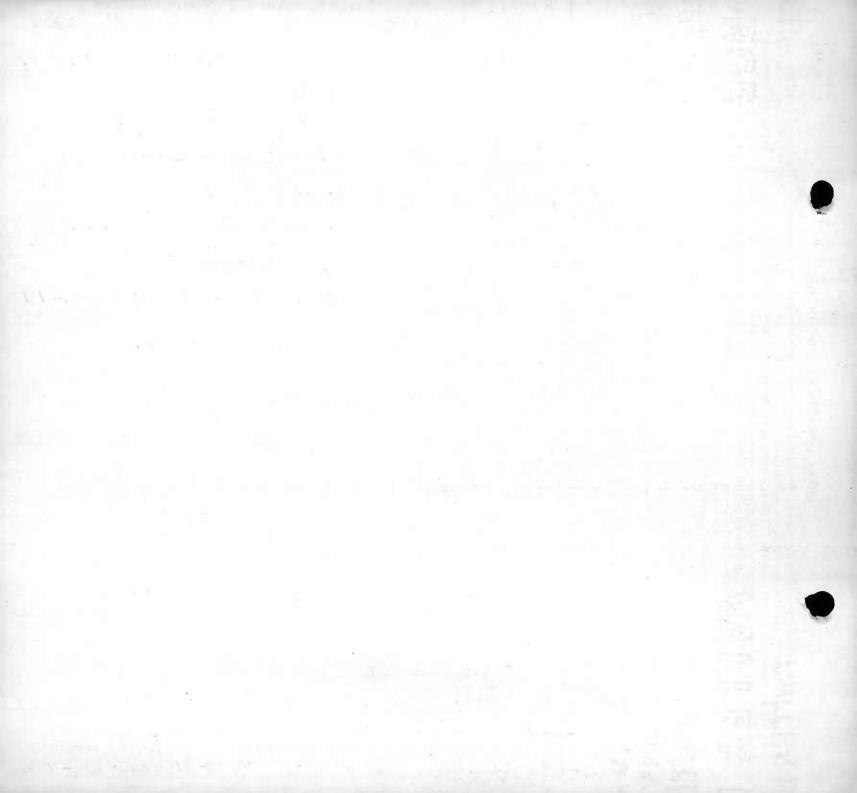
VS 150-REV. 1/1/68

<	The state of the s	TY HEALTH DEPARTMENT 71 2978
	RTH NO. CERTIFIC	ATE OF DEATH REG. NO. 12 2978
	Pe or Pinil)	MARCH 22 1971 , 5:00P
3.	SMINK, STANLEY A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH 22, 1971 5:00P. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
		MAD VI AND
HIN	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET STITUTION STITUTION OF THE PROPERTY OF THE P	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	ST AGNES HOSPITAL	BALTIMORE YES NOTE
-	, 0	E. STREET AND NUMBER
5.	SEX 6. RACE 7. MADDIENTY NEVER MADDIES	5945 SUNSET AVE
	MAKKIED NEVER MARRIED	- lost birthdov) Monthsi Dovs i Houssi Asia
10/	MALE WHITE WIDOWED DIVORCED L. USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUST	1 02/25/85 86
do	e during mast at working life, even it relifed	MADAM AND
13.	ELECTRICIAN DoughNut Co.of	MARYLAND USA
	America	Ida FRAMON
15.	Jacob W Smink Was Deceased Ever in U.S. Armed Forces? Son ar unknown) [III yes, give war or dates of service] SECURITY NO.	17 10000
(Ye		BALTIMORE MD 21229
-	No 212165502 CAUSE OF DE/	ST AGNES RECORDS WILKENS & CATON AVES
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AUSE / day
		AUSE IS A CONSEQUENCE OF:
	injury or complication which coused death. ANTECEDENT CAUSES	would des.
		AS A CONSEQUENCE OF:
	rise la lhe abave cause (A) stating the UNDERLYING CONDITION last	W CONSEQUENCE OF:
	CC)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(CV.1)
ATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	in or about 21C, WHERE DID.
Į.	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Σ	(APPROX.) While At Not Will Work At Work	nile C
	22. I certify that M) (this hospital) attended the deceosed fram M	
	that (1) (we) last sow the deceased alive on MARCH 22	19 71 and that in (My) (our) apinian death accurred an the date
	and hour and from the causes stated above. (M (We) (did) (4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(view the bady after death.
	23A. SIGNATURE	238 DAJE SIGNED
	DEGREE P	tending Med. Staff Phys. 3/22/7/
	NAME (Tigo) & Otaler, M. D	ST ANNES HOSPITAL
24 A	DEGRE DEGREE	WILKENS & CATON AVES BALTO MD 21229
44 A	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stole)
25 A	Burial B/25/1971 Loudon Park	Baltimore, Maryland
W	DATE REC'D BY HEALTH, DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
		Truman Schwab 5151Balto.Nat'l.Pike

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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TOTAL TOTAL TOTAL

1/1-	_		BALTIMORE CITY	HEALTH DEPARTMENT		1-14	
BIRTH NO.	71	2982	CERTIFICA	TE OF DEATH	REG. NO	11 298	32
1. NAME OF DECE	CLARA	MAE	HERMAN	2. DATE AN Mar	ch 23, 197		
3. PLACE IN BALTI	MORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il i	institution: residence belo	re admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Maryland C. CITY OR TOWN		SIDE CITY LIMITS?	28
00	306 S. Coll			Baltimore E. STREET AND NUMBER		YES X NO	
	Baltimore,	Maryland	21229	306 S. Collin	s Avenue		
Female	White	7- MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH 11-12-1885	9. AGE (In years last birthday)	If Under 1 Yr. If U Months Days Hour	Inder 24 His. S Min.
IOA, USUAL OCCUP	ATION (Give kind of wor	KIOB KIND OF		11. BIRTHPLACE (State or fore	85	12. CITIZEN OF WHA	T COUNTRY
Housewife	Prking lile, even if relined)			Maryland	lid and a second	U.S.A.	, cooliiki
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME		
	ick Curran				(Unknown)		
(Yes, no or unknown)	if yes, give war or dol	es of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS	21229
No			212-07-6857 CAUSE OF DEATI	Mrs. James L.	Baker, 306	S. Collins A	lve.
injury or compl AN DISEASES OR rise to the	meon the mode of sthenia, etc. It meons ication which caused ATECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	the disease, death.)	(B) NAS DUE TO, OR AS	CONSEQUENCE OF: CONSEQUENCE OF:	ma		PP0-P0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
TO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAR PERATION 1986 CON	HE TERMINAL	/HICH OREDATION	20A-AUTOPSY? (Yes or No	208 18 Meg 1489	***************************************	
	WAS PER	FORMED	THE OFERATION	No	IN CERTIFYING CA	FINDINGS CONSIDERED	,
OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B. home elc.)	PLACE OF INJURY (e.g., in b, form, foctory, street, of	ar about 21 C. WHERE DID	(It In Boltimor	re City, give exact location	n)
OF INJURY (APPROX)	Month) (Day) (Yeorl		e At Not White	21F. HOW DID INJ	URY OCCUR?		
22. I certify th	at (i) (this hospital	i) attended th	e deceased from	7/7/70 1	9to	2-3	197/
	ist saw the decease		3/12/71		at in (my) (our) opi	inlon death occurred	on the date
and hour and f	gom the causes sta	ted abave. (I)	(We) (did) (did nat) vi	ew the body after death.			
23A. SIGNATURE	m 352	1100		iding Med.	Staff Phys.	23B. DATE SIGNED	
23C. PHYSICIAN NAME (Type	S el			3D. ADDRESS		19/19/11	
4A. BURIAL CREMA	William ATION, 24B. DATE	B. Sett	Le DEGREE			g., Balto.,	
REMOVAL (Spe	ecifyl				CI (CI	ing, lowing or country!	(Stote)
Burial 25A. DATE REC'D BY	3-26-7	71 Hol	y Redeemer Cer	netery Bal 25C. FUNERAL DIRECTOR	timore, Man	ryland ADDRESS	
MAR 26	SIN Roberts	E Falle	Kag D a	Howard H. Hubl	bard, 4107	Wilkens Ave.	21229
S 150-REV. 1/1/68							

NOTE THE SECOND ny tentament a samuel masar Erie . The state of the s

BIRTH NO.	300	TE OF DEATH	X REG. NO. 71	2983				
(Type of Pini) RGINIA M.	REDNER	2. DATE AND	HOUR OF DEATH	245A				
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II NSTITUTION ADDRESS OF LOCATION)		4. USUAL RESIDENCE (Where A. STATE B. COUNTY MALY LAND C. CITY OR TOWN SEVEN MALE. STREET AND NUMBER RT. 2, BOX	PK. D. INSIDE CITY	5200 YUMITS?				
F 80	NED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years If Un Monti	der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 108, KIN done during messor working life, even if retired)		14. MOTHER'S MAIDEN NAMI		USA SA				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) all yes, give wor or doles of serv	SECURITY NO.	17. INFORMANT	ela k	edmend				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TANIMMEDIATE CAL	MONIA, LL.	ce Mach	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(This does not mean the mode of dying, heart foilure, asthenio, etc. It means the distinjury or complication which caused death.) ANTECEDENT CAUSES	DUE TO, OR AS	A CONSEQUENCE OF:	WERK,	***************************************				
DISEASES OR CONDITIONS, if ony, is in the above cause (A) stating UNDERLYING CONDITION last.	the (c)	A CONSEQUENCE OF						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI OF OPERATION (IVEN IN PAIR 1 (A).		DECHE,		***************************************				
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, slieet, of elc.)	fice bldg., INJURY OCCUR?	(If in Bolimore City, s	give exact location) 5 2 0				
OF INJURY (APPROX.) S-/6-7/	While At Nat Wark	21F. HOW DID INJUI	Y OCCUR?	un, elatter				
that (1) (we) ast saw the deceased alive	22. I certify that (I (this hospital) attended the deceased from 3/23 19 7/ that (I) (we) ast saw the deceased alive on 3/23 19 7/ and that in (my) (our) opinion death occurred on the date							
and hour and from the causes stated above 23/516NATURE Slund) >	nding Med Sh	off P 238, D	ATE SIGNED 3/2/				
NAME Type! T. SHO	MAN M.D.	3001 S. WAN	OVER ST.	BALTO MD 2123				
24A. BURIAL CREMATION, 24B. DATE REMOVAL Specify 3/76/7/	C. NAME OF CEMETERY OF CRI	· H	ation Gly, town	or countyl (Stole)				
WAR 26 1971	Ben, Mara	obert S.	ananco, A	leverna A.				



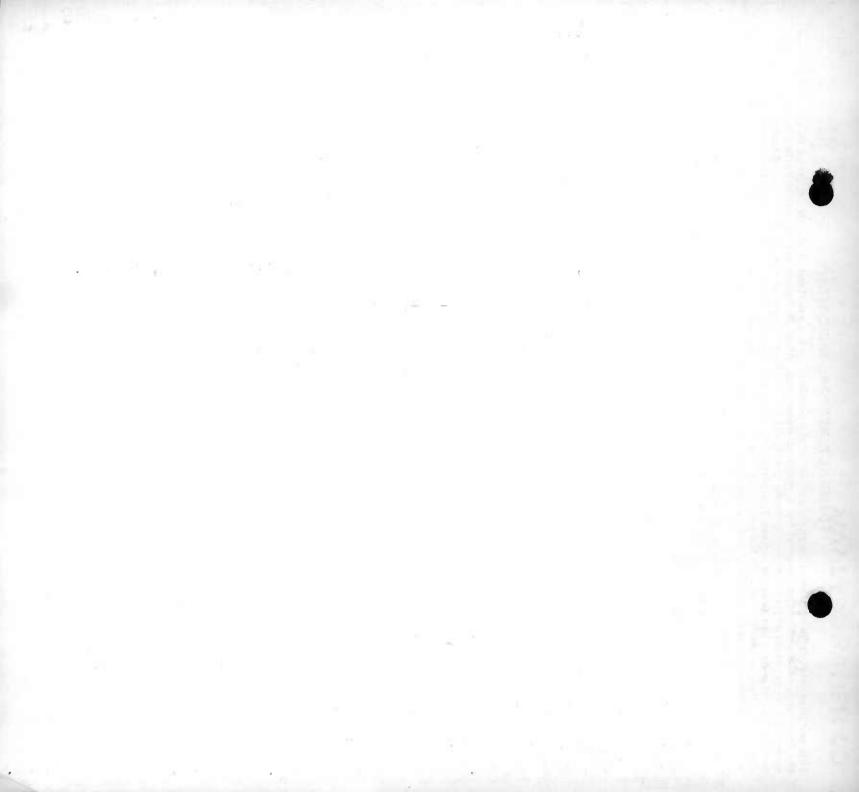
				m 2			
JIRT	-537 H NO.		71 298	84 CERTIFICA	ATE OF DEATH	REG. NO	71 2984
Type	AME OF DECE	DANIELT	DONA	TELLI Sr	3-25	- 7/	12 15 A
C	ERTI	FICATION HOS	WHERE PRONO HITAL OR INSTITUTE OCATION	UTION, GIVE STREET	Maryland C, City Or town	Balto.	stitution: residence before admissio
3	TITUTION	PPOLI	4/p	(4-16-71 56/tal	Berry Hall E. STREET AND NUMBER	0.11431	YES NO K
	1 1	109	V 10.	Jorrac	1,109 Pinedal		
S 51	Male	White	WIDOWED	Local .		ost birthday) 62 61	Months Doys Hours Min.
lone	during most of we	orking life, even if refin		F BUSINESS OR INDUSTR	Maryland	7.	U.S.A.
13. F	Anther's NAM	ny Donat	elli		Lena Ro	-17	
5. V	Ves Deceased	ver in U. S. Armed Il yes, give war or	Forces?	SECURITY NO.	17. INFORMANT		ADDRESS
				215-01-821	Mrs Concett	ta Donatel	li Same
- 1	heart failure, a injury or camp	t mean the mode sthenia, etc. It me lication which cau	ons the disease, sed death.)	DUE 10, OK A	S A CONSEQUENCE OF:		
	Injury or camp AI DISEASES OF dise to the UNDERLYING OTHER SIGNIFICATION THE DEATH	ication which cau NTECEDENT CAU CONDITIONS, above cause (CONDITION last. ANT CONDITIONS BUT NOT PELATED T	sed death.) SES If any, giving A) stating the CONTRIBUTING	(B) Brown		Ca, Q l	ohe
	Injury or camp AI DISEASES OF mise to the UN DERLYING OTHER SIGNIFK TO THE DEATH DISEASE OR CO	ication which cau NTECEDENT CAU CONDITIONS, above cause (CONDITION last, I) CANT CONDITIONS BUT NOT RELATED T NOTION GIVEN IN	sed death.) SES If any, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A).	(B) Burno, OR A	0		
CERTIFICATION	DISEASES OF SIGNIFICATION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION AND CONTRIBUTION OF CONTRIBUTION AND CONTRIBUTION AN	ication which cau NTECEDENT CAU CONDITIONS, above cause (CONDITION last, I) CANT CONDITIONS BUT NOT RELATED T NOTION GIVEN IN	sed death.) SES If any, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED	(B) DUE TO, OR A (C) WHICH OPERATION B. FLACE OF INJURY Inc., form, foctory, street,	A CONSEQUENCE OF:	20B, IF YES, WERE IN CERTIFYING CA	
AEDICAL CERTIFICATION	DISEASES OF STATE OF CONTRIBUTION OF CONTRIBUT	Ication which cau NTECEDENT CAU CONDITIONS, above cause (CONDITION last. II CANT CONDITION S BUT NOT RELATED T NOTION GIVEN IN OFFERATION 198. WAS UNDERLYIN ING T CAUSE OF	SES If any, giving A) stating the CONTRIBUTING OTHE TERMINAL PART I (A). ONDITION FOR PERFORMED G 218 hone etc.	(B) DUE TO, OR A (C) WHICH OPERATION B. FLACE OF INJURY Inc., form, factory, street, INJURY OCCURRED Not W.	20A. AUTOPSTS (Yes or No. In or obout 21C, WHERE DID office bidge INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA	fINDINGS CONSIDERED USES OF DEATH? • City, give exact location)
MEDICAL CERTIFICATION	DISEASES OF SISSE TO THE SIGNIFICATION OF THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH Institute OF INJURY 1APPROX.)	Ication which cau NTECEDENT CAU CONDITIONS, above cause (CONDITION last, II CANT CONDITION S BUT NOT RELATED T NOTION GIVEN IN OFFERATION 198. WAS UNDERLYIN INO CAUSE OF nedical examined (Month) (Doy) (You hat (I) (this hosp ast saw the dece from the causes	SES If any, giving A) stating the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDSTION FOR PERFORMED G 218 hord etc. OND Hour 218 WW. W.	(B) DUE TO, OR A (C) WHICH OPERATION L. FLACE OF INJURY IC., one, farm, factory, street, L. INJURY OCCURRED At Work At Work The deceased from At Work (I) (We) (did) (did not)	20A. AUTOPSYS (Yes or No. 21E. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA (II In Bollimor URY OCCUR? 9 /97 to	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) Nanch 24 19/9
MEDICAL CERTIFICATION	DISEASES OF SISSES TO THE SIGNIFICATION OF THE DEATH DISEASE OR CO OF A. DATE OF CONTRIBUT DEATH Institute OF INJURY IAPPROX.) 21 Certify that (I) (we) I and haur and	CONDITIONS, above cause (CONDITIONS, above cause (CONDITION last. CONDITION last. CANT CONDITION last. CONDIT	SES If any, giving A) stating the CONTRIBUTING OTHE TERMINAL PART I (A). ONDATION FOR PERFORMED G 218 horner of the William of the Control o	WHICH OPERATION E. FLACE OF INJURY Ing., no., form, fociory, street, J. No. W. At Wook Linjury Occurred At Wook Che deceased from March At Wo Che deceased from At Wo Che deceased from March At Wo Che deceased from At Wo Che deceased from March At Wo Che deceased from March At Wo Che deceased from March At Wo Che deceased from March At Wo Che deceased from At Wo At Wo Che deceased from At Wo At Wo Che deceased from At Wo A	20A. AUTOPSY? (Ves or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 7/ and the view the bady after death. Hending Med. Director D 23D. ADDRESS EE Mercy Hosp. 24D. Le	20B IF YES, WERE IN CERTIFYING CA (II In Bollimor URY OCCUR? 19 /27.to	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) Nanch 24 19/9 nian death accurred an the d 23B. DATE SIGNED 3/25/7/ Naryland ity, town, or county) (Stole

V.S. 153 4-16-71 M.H.

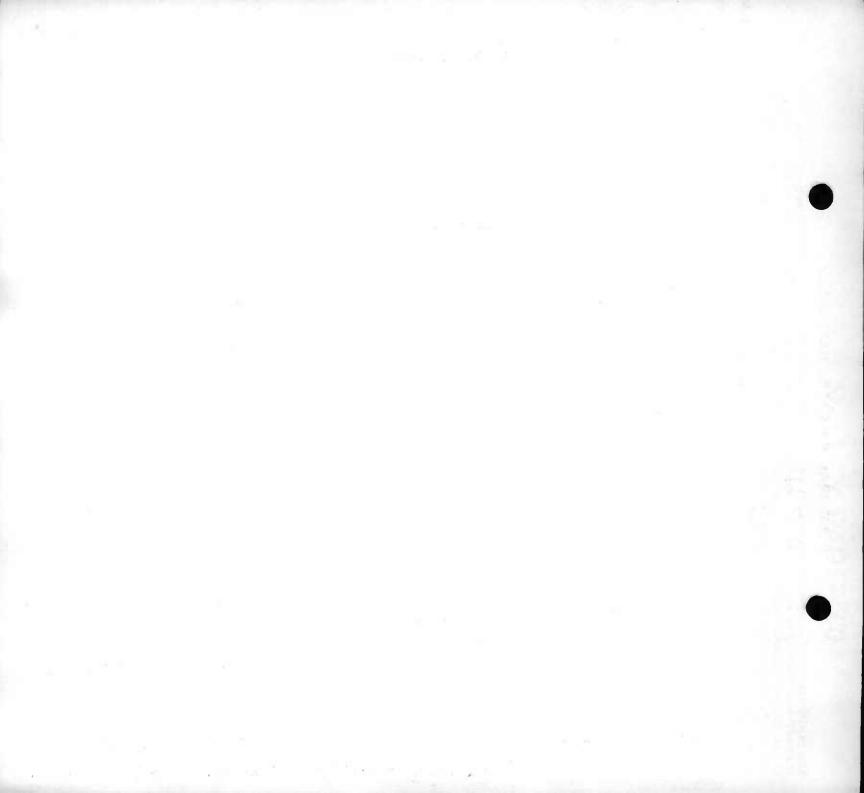
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) WILLIAM J. HEBNER	OF Estimated Warrah 2/ 1071
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 24, 1971 8:20 P. M.
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Union Memorial Hospital (DOA)	Maryland C. CITY OR TOWN B. COUNTY J 18 D. INSIDE CITY LIMITS?
MAKKIED LA NEVER MAKKIED	
Nale White WIDOWED □ DIVORCED □	Baltimore YES Y NO
Jane 5, 1897 • Iosi birthdoy 74 Jane 5, 1897 • Jane 5, 1897 • Jane 5, 1897 • Jane 74	E. STREET AND NUMBER 1402 Lochner Road
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAI SAUNTRY?	Andrew Hebner
4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Retired Supt Sunpapers	Elizabeth Hirschmann
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117, SOCIAL	18. INFORMANT ADDRESS
Yes, no or unknown) (if yes, glye war or doles of service) Yes W W 1 213-03-3297A	Mrs. Mildred G. Hebner (Same)
19. LI / CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Arteriose	elerotic cardiovascular disease
LEADING TO DEATH	
(A)IMMEDIATE (CAUSE AS A CONSEQUENCE OF:
heart follure, osthenio, etc. it meons the disease, tnjury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (8)	
	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No.)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
Q	No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. home, lorm, foctory, street, ollic UTING ☐ CAUSE OF DEATH.	In or obout 22C, WHERE DID (If in Boltimore City, give exect location) e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT INDI	WHILE [7]
23.	ORK L
	saven and that an able heats death to more taken
	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicio	
ACTUAL (1)	CHIEF MEDICAL EXAMINER L
SIGNATURE CLASS. SIMPLE ME	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER March 25, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 3/27/71. Parkwood Ce	
25A. DATE REC'D BY HEALTH DERT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 26 19/1 Wallet E. Valley A.D.	Leonard J. Ruck, Inc. Balto. Md. 21214
/S 151-REV. 1/1/68	

and the first state of the first . TO WORTH CT THE STATE OF THE S Pitti .en intiti .a . pitti . viaga

0-11	BALTIMORE CITY	HEALTH DEPARTMENT		71 2986
#5-560 BIRTH NO. 71 2986	CERTIFICA	TE OF DEATH	REG. NO	r Egos
1. NAME OF DECEASED (Type or Print) EMMA E. RE,	NER		NO HOUR OF DEATH	1971 9:20 A,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	mo.	-	1722
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION!	OLVE SINCE!	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
11400 11 11 11 11		BALTIM = A E. STREET AND NUMBER	25	YES NO
UNION MEMORIAC /	38,706	E. STREET AND NUMBER		
49		2909	Halcino.	a que.
5. SEX 6. RACE 7. MARRIED VINE	VER MARRIED	DATE OF BIRTH 94	9. AGE (In Feors	If Under 1 Ye. Il Under 24 Hrs Months; Doys Hours Min.
/ WIDOWED □	DIVORCED	1-10-43	last birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSIN	ESS OR INDUSTRY	1. BIRTHPLACE (Stole or for	eign country)	12 CITIZEN OF WHAT COUNTR
done during most of working life, even if refired)		An Me 1 so	1	USA
Homemaker 13. FATHER'S NAME		morey com		0374
BINGONE PASCAC	ľ	4. MOTHER'S MAIDEN NA	ME	
		XXXXXXXX	XXXX Klei	n, Emma E.
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (Iff yas, give war or dates of service) SE	CIAL CURITY NO.	7. INFORMANT		ADDRESS
	0-44-787	man cal	n	
	AUSE OF DEATH	MONICAL	, the co	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CARCIN	MA - 160	m	BETWEEN ONSET AND DEAT
(This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAUS	E PARCE CONSEQUENCE OF:	=45 W,7	7+
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	puopa	. ~
injury or complication which caused death.)		LIVER.		
ANTECEDENT CAUSES		•		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) A 5	LVO.		
	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION	120A AUTORCY2 (Vac. or N.	V 200 to vee 111000	
WAS PERFORMED	-	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	USES OF DEATH?
21A ACCIDENT WAS UNDERLYING 21B PLACE	OF INTURY (e.g. in	or obout 21 C. WHERE DID		
	foctory, street offic	e bidg. INJURY OCCUR?	(II In Boltimore	e City, give exoct location)
	75			
	CCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.) While At [Not While	п		
22. I certify that \$6 (this hospital) attended the dece				
			· · · · · · · · · · · · · · · · · · ·	- LX 19 7/
that (X) (we) last saw the deceased alive on		19and th	at in (my) 🎾r) opir	nion death occurred on the date
and hour and from the causes stated abave. (1) (16)	did) (distrot) vie	w the bady after death.		
23A. SIGNATURE			····	23 B. DATE SIGNED
Leste a Men !	Affend Phys.	ing Med.	Staff Phys.	3-2-4-71
23C. PHYSICIAM'S NAME (Type)	DEGREE	D. ADDRESS	Phys. —	3
1 1 1 1	14 0			11
LES RX A. RED	DEGREE	UMON ATA	OBIAK	Huse, ma
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREM	ATORY 24D. L	OCATION (Cit	y, lown, or county! (Stote)
	more Ceme	terv Re	ltimore Ma	arvland
SA-DATE LEC'D BY HEALTH DEPT. 258. NAME OF REGIS	TRAR	25C. FUNERAL DIRECTOR	TOTHOLE M	ADDRESS
HAT 25 19/1 Walley E. Jacken M.D.	r1 10 -		Ruck Inc.	5305 Harford Re
/S 150-REV. 1/1/68	13. 11. ()	200,014	11001	7707 11012010 10



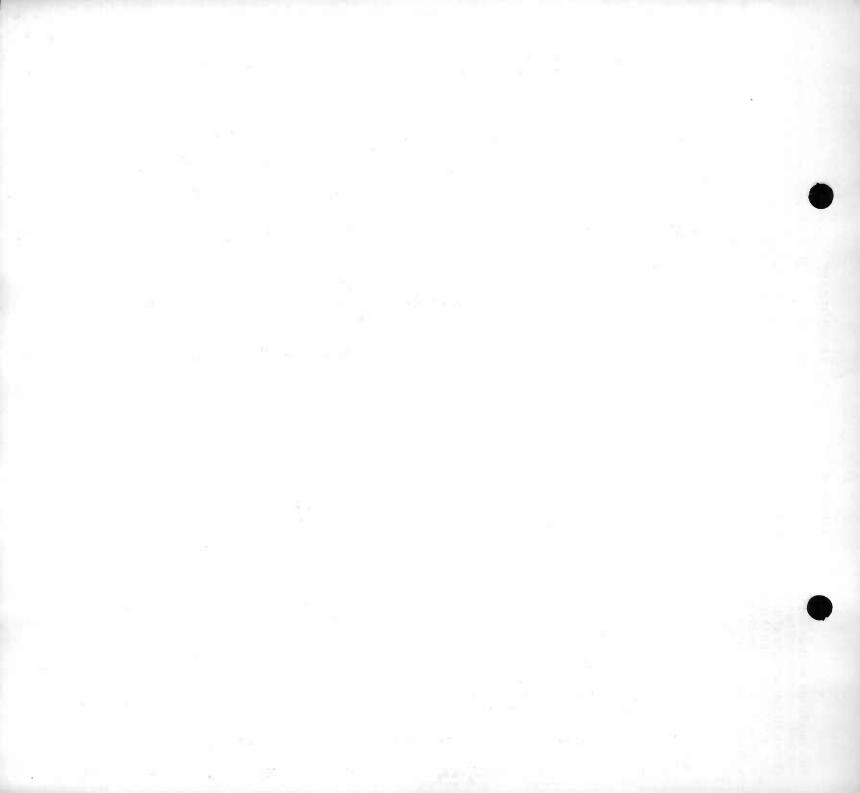
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DIRECTOR:

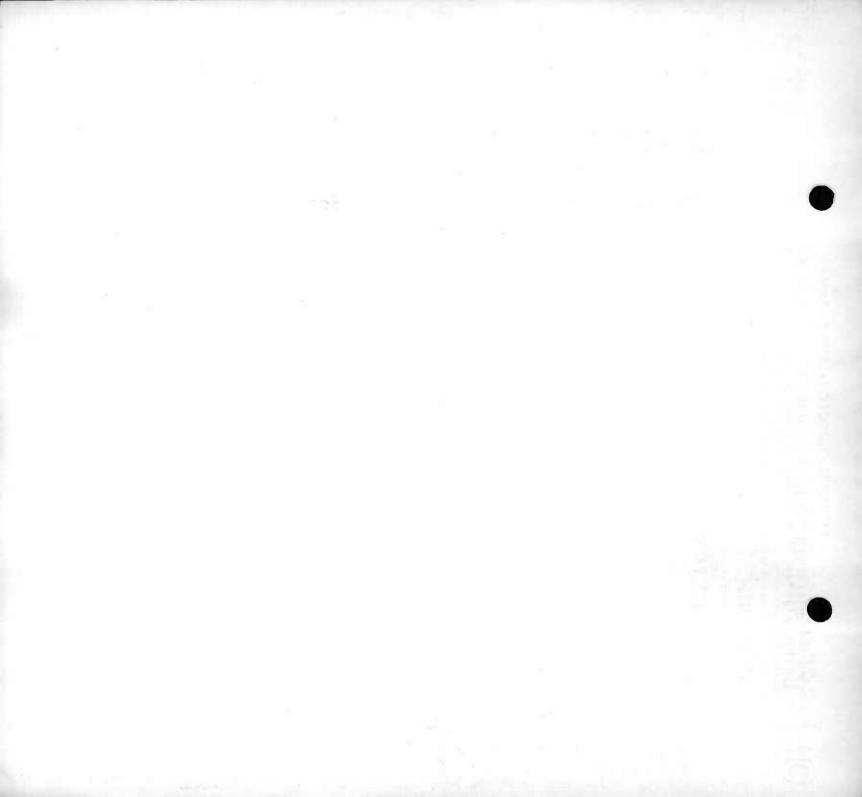
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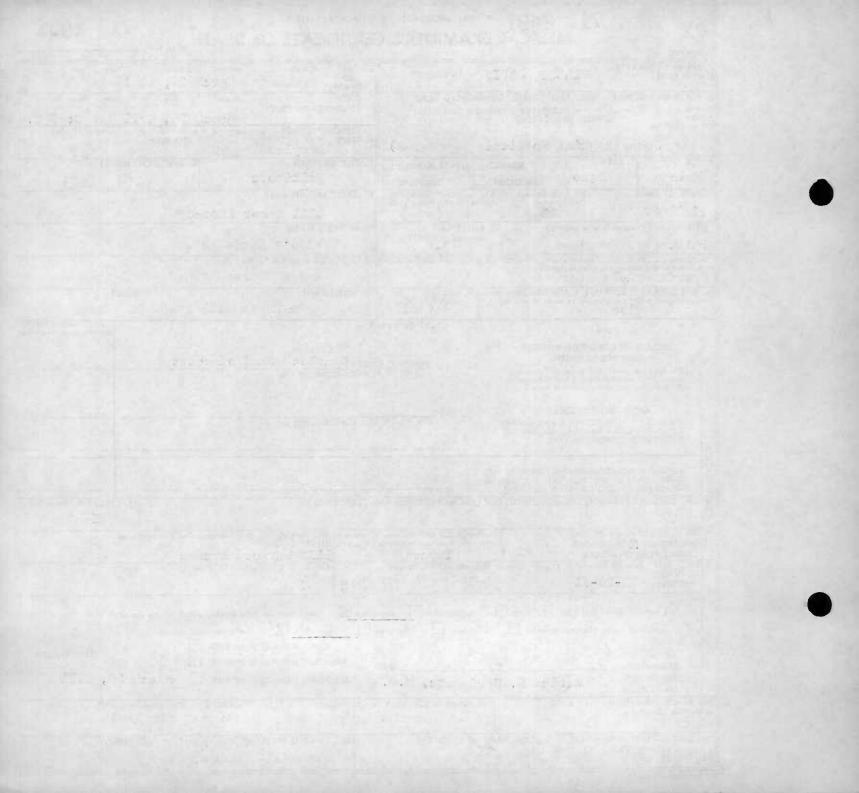
FUNERAL DIRECTOR:

11) 021	BALTIMORE CITY	HEALTH DEPARTMENT		10 A
M 220 71 2989 C	CERTIFICAT	TE OF DEATH	REG. NO	71 2989
1. NAME OF OECEASED (Type or Print) WEST, EMMA A.			ND HOUR OF GEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAO	4. USUAL RESIDENCE (WI	pere document lived II in	nstitution: residence belora admission)
		A. STATE B. COU	NTY	istitution: residence belord admission
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATIONI INSTITUTION	GIVE STREET	N.D		1504
INSTITUTION PLEASANT MANOR NURSING HOP		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
ULIS PARK HEIGHTS AVE	11	BALTIMORE		YES NO
BALTIMORE, MD 21215		E. STREET AND NUMBER		01011
Service July 1		1912 RUXTO		21216
MARRIED NEV	EK INDAKKIED		9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 Hrs. Manths: Oays Haurs Min.
FEMALE NECRO WIDOWED 100. USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINE	DIVORCED	11-30-95	75	
lone during most of working life, even if retired)	SS OR INDUSTRY	1. BIRTHPLACE (State or far	raign cauntryl	12. CITIZEN OF WHAT COUNTRY
Domestoc Pvt. Fam	aily	Maryland		USA
3. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	AME	
Robert L. Humphries		Lelia Smit	th	
The state of the s	2141			
as, na ar unknown! (It yas, give war ar datas at service) SEC	URITY NO.	Mrs. Dorothy	Washingto	on 1727 Barley A
No 216				1912 Ruxton Ave
	AUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		./		BETWEEN ONSET AND DEATH
LEADING TO DEATH	A) IMMEDIATE CAUSE	Heart So	then)	Zucha
heart failure, asthenia, etc. It means the disease	DUE TO, OR AS A	CONSEQUENCE OF:	- Marian San San San San San San San San San S	
injury ar camplication which caused death.)	10000	,	,	
ANTECEDENT CAUSES	HSCVL	ECVA 1	1	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	gjenem	a see mane
rise to the above cause (A) stating the UNDERLYING CONDITION last.	. D. = 6	to Sand	1+	7
ONDERLING CONDITION IGSI.	c) Color	our juice	uller	
OTHER SIGNIFICANT CONDITIONS				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)				
DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A, OATE OF OPERATION 19B, CONDITION FOR WHICH O	A PERATION!	120A Attroperate	-V -000 15 V-	**********
19A. OATE OF OPERATION 19B. CONDITION FOR WHICH O	TEXATION	20A. AUTOPSY? (Yas ar N	IN CERTIFYING CAL	INDINGS CONSIDERED
21A ACCIDENT WAS UNDERLYING TO 1218 PLACE A	OF INITIAL TO	n show(31C Wares 5:=		
OR CONTRIBUTING CAUSE OF home. James	factory, street, affic	e bldg., INJURY OCCUR?	(If In Baltimare	City, give exact lacation)
DEATH (nahly medical examined)				
OF INJURY (Month) (Oayl (Year) (Haur) 21E, INJURY		21F. HOW DIO IN.	IURY OCCUR?	
(APPROX) While AI	Nat While [7		
22. I certify that (I) (this hespitul) attended the deced		12-21-50		0 00
		***************************************	19ta	3-25 19.7/
that (1) (we) last saw the deceased alive on		19/and th	nat in (my) (our) opin	ion death occurred on the date
and haur and from the causes, stated above. (D)	did) (did not) vie	w the body after death.		
23A. SIGNATURE				23B, OATE SIGNED
XXXISAC XX MAX	Attendi Phys.	Med.	Staff Phys.	3-25-71
23 C. PHYSICIAN'S	DEGREE	O. AOORESS	rnys. —	
NAME ITypel				
Harry B. Scott, M. A. BURIAL CREMATION, 1248, DATE 124C, NAME of C			ARTS BUILDIN	NG
REMOVAL (Specify)	EMETERY of CREM		OCATION (City	y, tawn, ar caunty) (State)
Burial 3-29-71 Mt. Aub	urn Ceme	tery Ra	altimore	Maruland
A. OATE REC'D BY HEALTH OEPT. 258. NAME OF REGIST		25C. FUNERAL OIRECTOR		Maryland
MAR 26 1971 20 45 30 -	20 11 1		}	3035 W. NORTH AV
150-REV. 1/1/68	3	TANTIER FUNE	RAL HOME	NORTH A

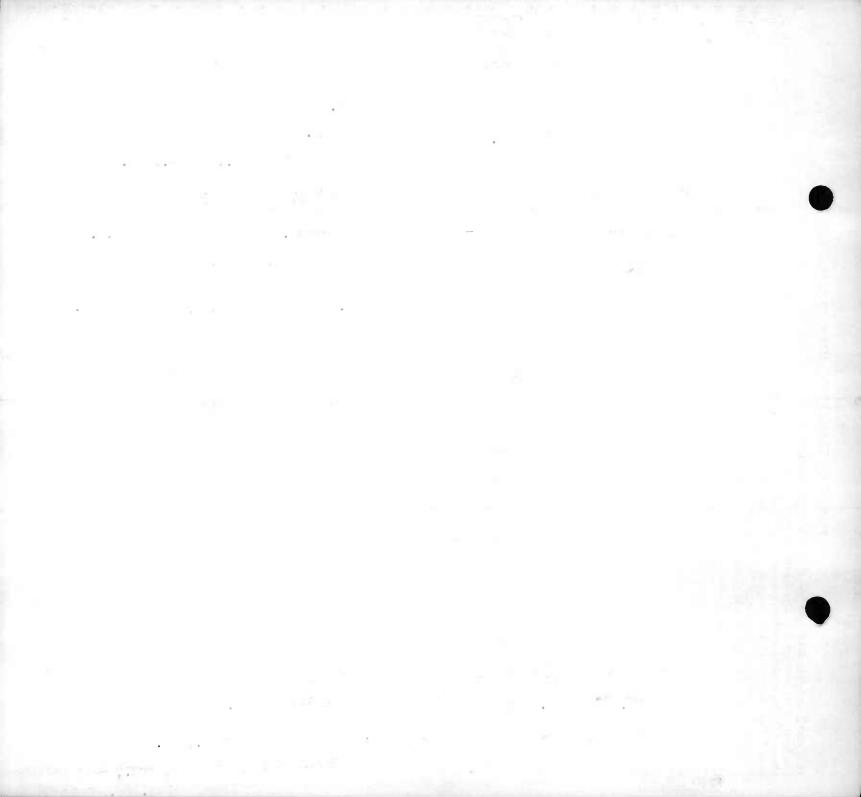


4	U-300 71 2990 BALTIMORE CITY HEA	11 20911
BIRT	TH NO.	REG. NO.
	JAME OF DECEASED W.	2. DATE Known Month Day Yeor Hour
(тур	e or Print) ELLA " WHITE	DEATH Estimoted . M.
4. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
HOS	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	PRONOUNCED DEAD March 23, 1971 10:05 P _M . 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
0	○ 1521 N. Bond Street	A. STATE Maryland B. COUNTY 807
6. S	8. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
]	Female Negro WIDOWED DIVORCED	Baltimore YES X NO
9. D		E. STREET AND NUMBER
3.	10. AGE (In years If Under 1 Yr. If Under 24 Hrs. North 1 years Months, Doys, Hours, Min.	1521 N. Bond Street
	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Do Sn	orchester Co., WHAT COUNTRY?	Lloyd Wheatly
14A.	USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
ŀ	during most of working life, even if retired) Housewife Housewife	Melvina Traves
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL , no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	IB. INFORMANT ADDRESS
(100	no 217-01-2072	Mr. Percy White 1521 N. Bond St. 21213
	CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arteri	osclerotic cardiovascular disease
	LEADING TO DEATH	ALICE
	(A) IMMEDIATE C (This does not meen the mode of dying, e.g., DUE TO, OR A	AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	The state of the s
	ANITECTORIT CALICEC	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
	RISE TO THE ABOVE CAUSE (A) STATING THE	
징	(c)	
K	II CONTRIBUTIONS CONTRIBUTIONS	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
#	200. CONDITION FOR WHICH OF EXAMINET	
	0	no
EDICA	UNDERLYING OR CONTRIB-	in or about 22C. WHERE DID (If in Baltimore City, give exact location) to bidg., etc.)
ME	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT	T WHILE
	23. I certify that I held on Inquiry Inspection Au	ond that on this basis, deoth in my opinion
Н	resulted from: Notural couses X Accident Suicio	
	resulted from: dollar cooses 25 Accident	CHIEF MEDICAL EXAMINER
	ACTUAL A LEA WILL	ASSISTANT MEDICAL EXAMINER
	SIGNATURE M.E	D
	EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3/24/71
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
	MOVAL (Specify) arial Smithville Ch	urch Cemetery Smithville, Maryland
	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 735 Harford ADDRESS 21213
	MAR 26 1971 Robert E. Farber M.D.	Marshall W. Jones, Jr.
_	***	

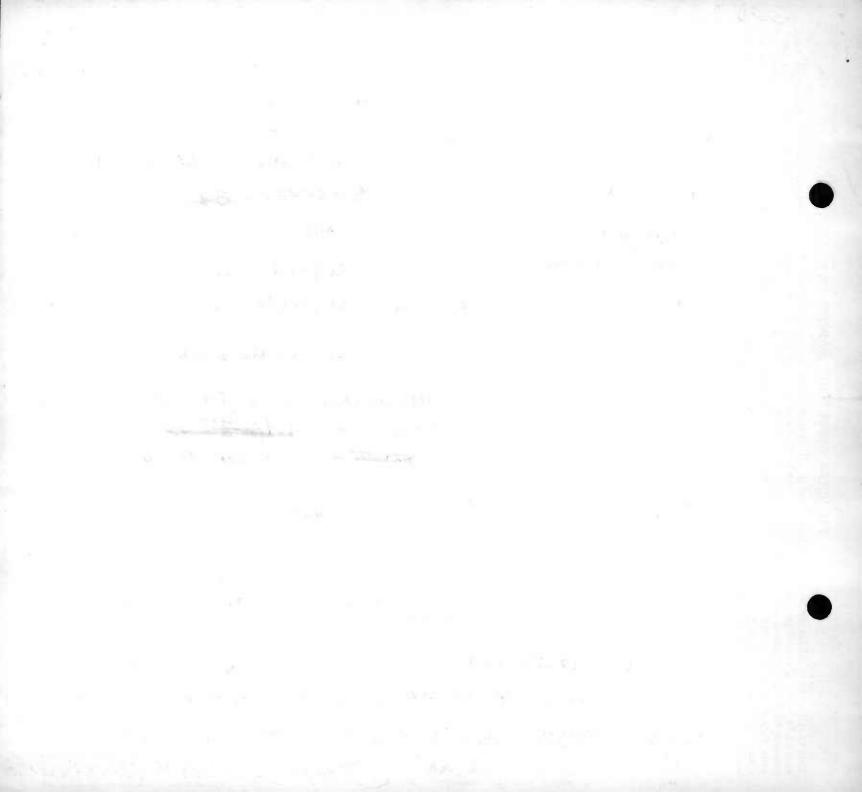
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В	1-400 TH NO.	71	299	1.7	HEALTH DEPARTMENT OF DEA		REG. NO	71	2992	
	Pe or Print)		oria Val	a	2. D	ATE AND F	OUR OF DEATH	1		
3.	PLACE IN BALTI	MORE MARYLAND,			4. USUAL RESIDENC	E (Where de	-/ !	nstitution; re	sidence before odn	mission)
FLHIN	ULL NAME OF OSPITAL OR STITUTION	3423 Dudl		TUTION, GIVE STREET	A. STATE B. Md. C. CITY OR TOWN Balto. E. STREET AND NUM	COUNTY	D. INS	IDE CITY LIE	633 MITS? NO□	
					3423 Dudl	ey Ave	e., Balto.	., Md.	21213	
	F	. race W	WIDOWED		8. DATE OF BIRTH 7/7/1877	lost	GE (In years birthdoy) 93	If Under Months	Tr. II Under	24 Hrs. Min.
dor	house	orking life, even if refired) Wife	rk 108. KIND O	F BUSINESS OR INDUSTRY	Czech.	or foreign c	country)	}	EN OF WHAT CO	UNTRY?
3.	FATHER'S NAM				14. MOTHER'S MAID	EN NAME				
		h Hubata			Ma	rie Kr	rodl			
5. Y e	Was Deceased E s, no or unknown) (ver in U. S. Armed For If yes, give wor or do	les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	no				Mrs. Marie	Connel	ly, 3338	Dudle	y Ave.	
CAL CERTIFICATION	(This does not heart failure, as injury or compl At DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI	WAS UNDERLYING	I dying, e.g., s the disease, d deoth.) S any, giving sloting the DNTRIBUTING THE TERMINAL RT I (A). NOTION FOR	(B)	SE CONSEQUENCE OF: A CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes	Vasov Orub O Cd	B. IF YES, WERE	FINDINGS OF D	APPROXIMATE INTETWEEN ONSET AND 3 -/ 2-7/ CONSIDERED EATH?	DEATH
MEDIC	21 D. TIME () OF INJURY (APPROX.)	Month) (Doy) (Year)		INJURY OCCURRED ile At Not While	21F. HOW D	ID INJURY	OCCUR?			
	that (1) (we) loand haur and fi 23A. SIGNATURE Harri 23C. PHYSICIAN	ld H1.	il) attended t	he deceased fram March 19 I) (We) (did) (did not) vi	lew the bady after d	ind that In	n(my) (aut) apl	arch nlan death	21 19 19 19 19 19 19 19 19 19 19 19 19 19	e date
A A		r. Harold H		OEGREE	8106 Harf					
	REMOVAL (Spe burial	. 3/2 <u>L</u> /7	1	Bohemian Na	t'l Cemetery	E E	Balto., Mo	ly, town, or	county) (S	tote)
L	ROB 19/	REBUSE.	Jaben,	C B EGISTRAR	25C. FUNERAL DIR Schimune	к Fune	ral Home,	Inc.	, 3331 Bre	ehms

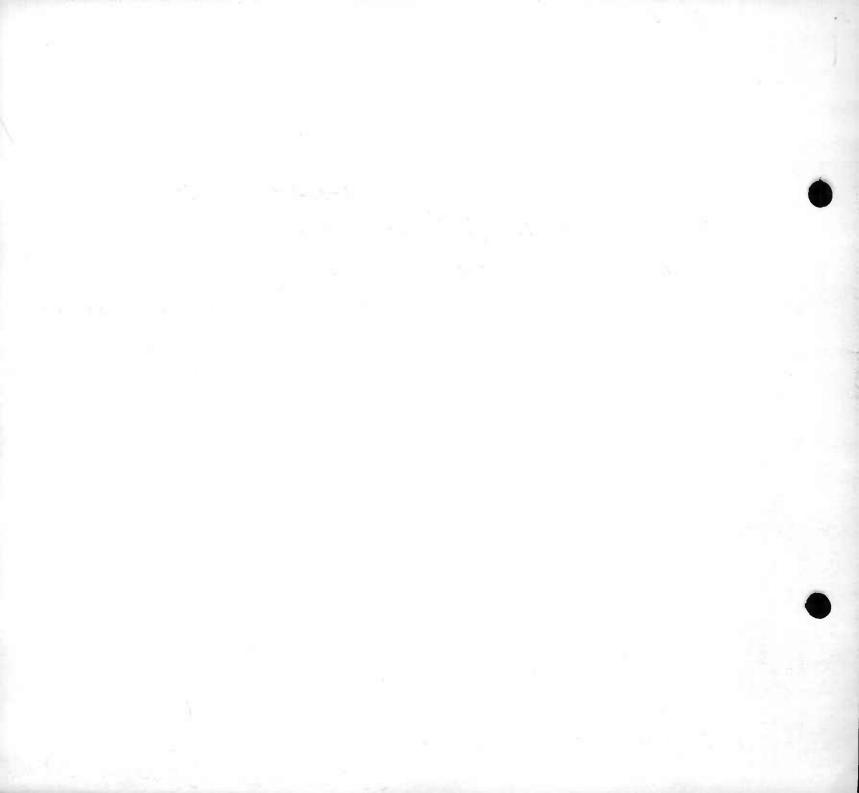


VS 150-REV. 1/1/68



FUNERAL DIRECTOR:

	1/ 137	BALTIMORE CITY	HEALTH DEPARTMENT		
	7-6-5071 2994		TE OF DEATH	REG. NO	71 2994
(Тур	AME OF DECEASED	NANCY	2. DATE AN	3-7 DEATH	30
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e docoosed lived. Il in	stitution; residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		A. STATE B. COUN C. CITY OR TOWN		DE CITY LIMITS?
5/	mT. Singi Nursing	1	E. STREET AND NUMBER		YES NO
0	4613 PARK Height	5 AVC	0 0 0	MTrAL AV	C
5. SI	Fe 6. RACE 7. MARR WIDOW		8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINI during most of working life, even it refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or losei	gn country)	12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S NAME	-/-	14. MOTHER'S MAIDEN NAM	ME	1 43
	WHLIER UUI	LAW	MATTIE		
15, W (Yes,	os Deceasod Ever in U. S. Armed Forces? no or unknown) (III yos, give wor or dotos of servi	cel 6. SOCIAL SECURITY NO.	VERMON JONA	ES 835	n Central as
1	18. 4/2 20	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		11000	x - 0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE HHSCV	DC Caroa	ieb :
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	6 4	CONSEQUENCE OF:	To Mark	
	injury or complication which caused death.)	430,	und	en veen	recor
	ANTECEDENT CAUSES	do 3	Blancon	a a	
	DISEASES OR CONDITIONS, il ony, giv	ring DUE TO, OR AS	A CONSEQUENCE OF:	*******************	***************************************
1	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	me			1
F	ONDERENING CONDITION 10SE	(C)			
MOL	OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL	***************************************		
CERTIFICATION	9A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
CAL	RA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, all etc.)	or about 21C, WHERE DID	(If In Baltimore	City, give exect location)
MEDI	ID-TIME (Month) (Doy) (Year) (Hour	21 E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
٤ ر	APPROX)	While At Not While			
2	2 I consider along (II) (along to the II)	Walk At Work			
	2. I certify that (I) (this hospital) attende			9ta	19
1	hat (!) (we) last saw the deceased alive o	on	19and tha	t in(my) (our) opin	ion death occurred on the date
a	ind hour and from the causes stated above	o. (1) (We) (did) (did not) vi	ew the body after death.		
2	3A. SIGNATURE	11.0	/		23 B. DATE SIGNED
	12, S. Haller	OEGREE Phys.	ding Med. S	Staff Phys.	
2	3C.PHYSICIAN'S NAME (Type)	OF OKEE!	3D. ADDRESS		
24A.	BURIAL CREMATION, 248, DATE 240	DEGREE	MATORY INC.		
-	REMOVAL (Specify)	The T	MATORY 24D. LO	2 0	town, or county) (Stote)
L	jurial P/2/1/1/	m Caran	2 10.1	(1. (ounty	1 pm
15A.	DATE REMAR 126 1971	E. WEBEL, M.D.	25C FUNERAL DIRECTOR	Lock N	1304h Conhal
/S 15	50-REV. 1/1/68		1 1 1	777	100



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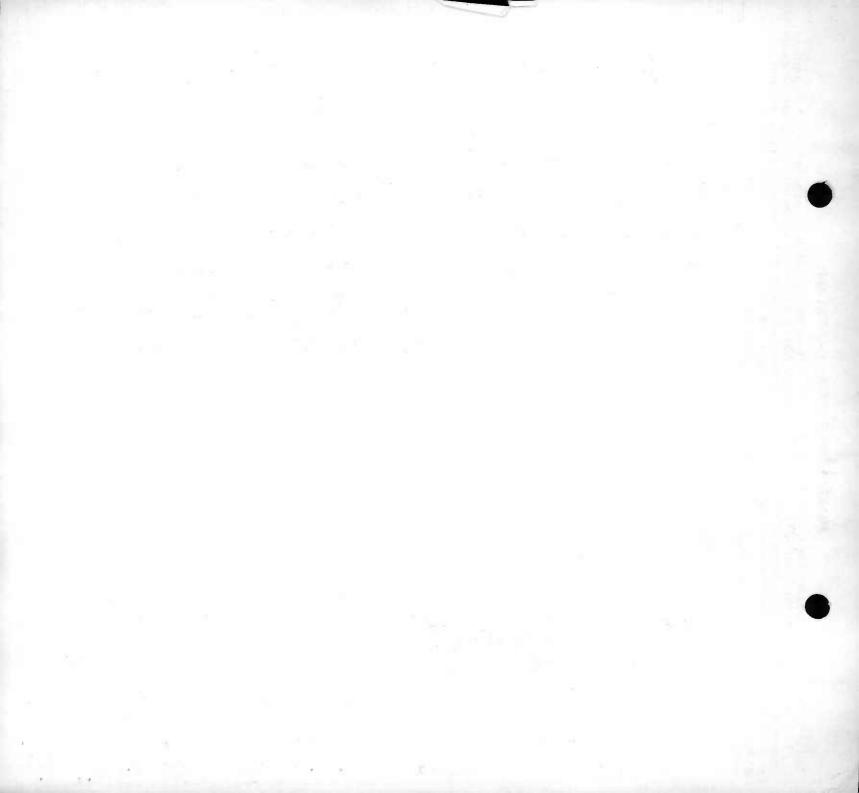


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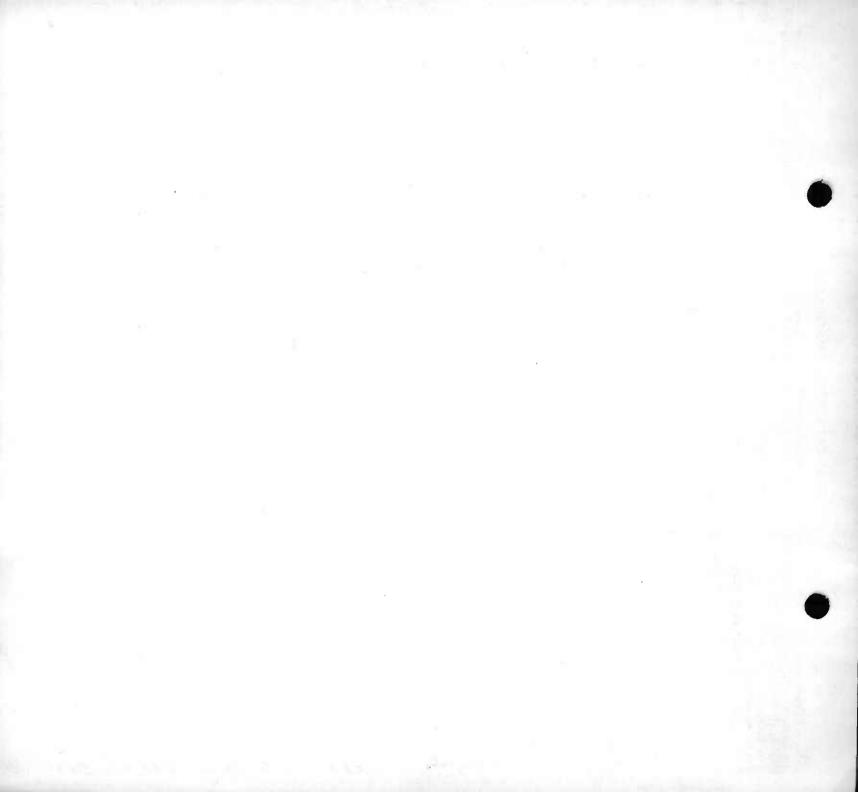
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



	2998 BALTIMORE CITY HEALTH DEPARTMENT	. 2998
	CERTIFICATE OF DEATH REG. NO.	- 6900
(Ty	1. NAME OF DECEASED (Type of Print) Queen 2. DATE AND HOUR OF DEATH (Type of Print) 2. DATE AND HOUR OF DEATH	930
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institu	tion: residence before odmission
FUHIX	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET 370. STINSON ST. ADDRESS OR LOCATION C.C.CITY OR TOWN O. INSIDE CO.	
)	REDWOOD & GREENE ST. E. STREET AND NUMBER ST. SAME AS ABOUE	s
5. :	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors liost birthdoy) M.	Under 1 Yr. If Under 24 Hrs.
	remove Negro WIDOWED DIVORCED / / / 3 / / 3	onths Doys Hours Min.
don	done during most of working life, even if refired]	CITIZEN OF WHAT COUNTRY
12	HOUSEWIFE NONE BALTO., MD.	U.S.A.
13.	13. FATHER'S NAME	AU
15	UNICHUN James Brickus OTIS MONTGONERI	1.618 WHITMORE
(Ye	15. Wos Deceased Ever in U. S. Armed Foces? (Yes, no or unknown) Of yes, give wor or dots of service) 16. SOCIAL SECURITY NO.	ADDRESS
	NO	
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) IMMEDIATE CAUSE RESPIRATORY ARRO	C Y/8 HDC
	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,	21 40 11 12
	injury or complication which caused death.)	1/2 110
	DISEASES OR CONDITIONS, if ony, giving (B) STATUS ASTHMATICUS DUE TO, OR AS A CONSEQUENCE OF:	48 HKS
	rise to the above cause (A) stating the ASPIR ATAIL PUBLINALITY	48 1+18
	UNDERLYING CONDITION last. (c)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ASTHMAND BROWN	154RS-
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
CER	218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore CII) OR CONTRIBUTING CAUSE OF Company to the contribution of the contri	/. give exoci location)
A	OF CONTRIBUTING CAUSE OF Come, form, fociory, street, office bidg., INJURY OCCUR?	A A A A A A A A A A A A A A A A A A A
MEDICAL	215. TIME (Month) (Doy) (Yeor) (Hour) 215. INJURY OCCURRED 215. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.) While At Not While Work At Work	
	22. I certify that (1) this hospitoly ottended the deceosed from 2 2 197) to 3/2	19 7
	that (i) (we) lost saw the deceased alive on 123 19 21 and that in (my) (our) apinion	
	and haur and fram the couses stated above. (1) (We) (did) (did not) view the bady after death.	accorded on the dat
	224 CICMATURE	DATE SIGNED
	Marguerite T. Meran 4 Degree Phys. Director Phys.	3/23/7/
	23C. PHYSICIAN'S // NAME (Type) ARGUERITE T. MARAM MD 23D. ADDRESS 1 1 1 1 1 1 4 50 5 70 1 4 50 5 75	THE TANDON IN
24A	24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMPTERY OF CREMATORY 124D. LOCATION	wn, or couply! (Stotel,
/	Burial 3/29/11 Mit Cakely Brooklyn	1 Sind
25A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL (25C. FUNERAL DIRECTOR.	ADDRESS
	MAR 26 1971 Rober E. Jaben 1250 FUNERAL DIRECTOR Bice 66	W. Barre
S	\$ 150-REV. 1/1/6B	



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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

